

Eric + Susan Hann
720 Lamoine Bch Rd.
Lamoine, ME 04605

Application for Site Plan Review:

1. Application
2. Site plan drawings...See enclosed
3. Deed...See enclosed
4.
 - a. Zoning...See enclosed
 - b. Bearings and distances
 - c. Sewer and water systems...See enclosed
 - d. Right of way...See enclosed
 - e. Ponds...See enclosed
 - f. Building above water table
 - g. Topographical contours...See enclosed
 - h. Floodplain
N/A
5.
 - a. Proposed uses...See enclosed
 - b. Floor plan...See enclosed
 - c. Illumination
(1) /street light, 6 outside light with 60w bulbs each
 - d. Existing setback dimensions
Please see plot plan
 - e. Landscaping
none - proposed
 - f. Subsurface sewer...See enclosed
 - g. Water supply
Well Water
 - h. Waste disposal
N/A Will go to town dump weekly
 - i. Machinery and equipment
N/A
 - j. Raw waste materials
N/A
 - k. Schedule of construction
N/A
 - l. Special features of 4e
No disturbance
 - m. Storm water runoffs
N/A
6. & 7. Not Applicable

Town of Lamoine

Pre-Application for Site Plan Review

Owner of Record	Eric C. + Susan H. Hann	Address	720 Lamoine Rd
Applicant	" " "	Address	Lamoine
Project Name	Bed + Breakfast	Map & Lot	

On a separate page, list the names and addresses of all property owners within 500 feet of the property line and the Lamoine Tax Assessor's map & lot numbers for said owners.

As part of this application, please submit the following information:

- The zoning classification including the shoreland zone of the property, and show the location of zoning district boundaries if the property is located in two or more zoning district or abuts a different district.
- The bearings and distances of all property lines of the property to be developed and the sources of this information.
- The location and size of any existing sewer and water systems, culverts and drains, fire hydrants or pond adjacent to the property to be developed and of any that will serve the development from abutting roads or land.
- Location, names and widths of existing roads and rights-of-way within or adjacent to the proposed development.
- The location of open drainage courses, wetlands, stonewalls, graveyards, fences, stands of trees and other important or unique natural areas and site features, including but not limited to, floodplains, deer wintering areas, significant wildlife habitats, scenic areas, habitat for rare and endangered plants and animals, unique natural communities and natural areas, sand and gravel aquifers, and historic and/or archaeological resources, together with a description of such features.

Also include the following information as part of this pre-application

- A description of all proposed uses of the development including specific uses of all structures to be built, converted or expanded
- The location and dimensions of all proposed buildings and structures
- All existing and proposed setback dimensions
- If a subsurface sewage disposal system is proposed, an on-site soils investigation report by a Maine Department of Human Services licensed site evaluator. This report shall identify the classification of soils, location of all test pits and proposed system location.
- The type of water supply to be used
- The type, size and location of all waste disposal or incineration devices.

(continued on back)

Signature Section

By signing this, I maintain that the information provided to the Lamoine Planning Board is true and accurate to the best of my knowledge. I understand this is a pre-application and will be informally discussed at a Lamoine Planning Board meeting and it is a public document.

Eric C. Hann Sr.
Susan H. Hann
Signature

Owners
Title

4-6-12
Date

Eric C. Hann Sr.
Susan H. Hann
Printed Name

For Planning Board Use Only

Date Received	
Date Considered at Public Meeting	
Anticipated Date of Final Submission & Hearing	
Date Reviewed by CEO	

Signature of Planning Board Chair

Date

Other Notations

1

Town of Lamoine
Application for Site Plan Review

Owner of Record	Eric C. + Susan H. Henn	Address	220 Lamoine Vch Rd
Applicant	Same	Address	Lamoine
Project Name	Bed + Breakfast	Map/Lot	
Surveyor/Architect/ Engineer's Name		Reg. Number	

In accordance with the Site Plan Review Ordinance, please submit the following information as part of this application.

1. A fully executed and signed original and seven copies of the application for site plan review.
2. The site plan (drawings) shall consist of one or more reproducible, stable base transparent originals at a scale of not less than 1" = 50' to be filed at the town office. Space shall be provided on the development plan for the signatures of the board and date.
3. A copy of the deed to the property, option to purchase the property or other documentation to demonstrate right, title or interest in the property on the part of the applicant and status of property tax payment.
4. Existing Conditions
 - a. Zoning classification(s) (including shoreland) of the property and the location of zoning district boundaries if the property is located in two or more zoning districts or abuts a different district;
 - b. The bearings and distances of all property lines of the property to be developed and the source of this information;
 - c. Location and size of any existing sewer and water systems, culverts and drains, fire hydrants or pond, adjacent to property to be developed and of any that will serve the development from abutting roads or land;
 - d. Location, names and widths of existing roads and rights-of-way within or adjacent to the proposed development;
 - e. The location of open drainage courses, wetlands, stonewalls, graveyards, fences, stands of trees, and other important or unique natural areas and site features, including but not limited to, floodplains, deer wintering areas, significant wildlife habitats, scenic areas, habitat for rare and endangered plants and animals, unique natural communities and natural

areas, sand and gravel aquifers, and historic and/or archaeological resources, together with a description of such features.

- f. The location, dimensions and ground floor elevation of all existing building on the site.
- g. Topographical contours and the direction of existing surface water drainage across the site; and
- h. If any portion of the property is in the 100-year floodplain, its elevation shall be delineated on the plan or provide a FEMA floodplain map.

5. Proposed Development Activity

- a. Descriptions of all proposed uses of the development including specific uses of all structure to be built, converted or expanded.
- b. The location and dimensions of all proposed buildings and structures.
- c. The size, location, direction, and intensity of illumination of all outdoor lighting.
- d. All existing and proposed setback dimensions.
- e. Proposed landscaping and/or buffering.
- f. When subsurface sewage disposal is proposed, an on-site soils investigation report by a Maine Department of Human Services licensed site evaluator. The report shall identify the classification of soils, location of all test pits, and proposed location
- g. The type of water supply to be used.
- h. The type, size, and location of all waste disposal or incineration devices.
- i. The type, size and location of all machinery or equipment likely to generate appreciable noise at the lot lines.
- j. The amount and type of any raw, finished or waste materials to be stored outside of roofed buildings, including their physical and chemical properties, if appropriate.
- k. A schedule of construction including anticipated beginning and completion dates.

- l. A description of how special features identified in subsection 4.e. will be maintained or impacts upon them minimized.
 - m. The existing and proposed method of handling storm water run-offs.
6. Additional Information. The planning board may require the following when it finds that the information required in Sections I.3 to I.5 is not sufficient, to determine that the standards in Section J. can be met.
 - a. A high intensity soils report prepared by a soil scientist certified in the State of Maine.
 - b. A storm water management and erosion control plan showing:
 - i) The direction of flow of the run-off through the use of arrows.
 - ii) The location, elevation, and size of all catch basins, dry wells, drainage ditches, swales, retention basins, and storm sewers.
 - iii) Engineering calculations used to determine drainage requirements based upon the 25-year 24-hour storm frequency, if the project will significantly alter the existing drainage pattern due to such factors as the amount of new impervious surfaces (such as paving and building area) being proposed.
 - c. A hydrogeologic assessment prepared by a ground water hydrologist/geologist for projects involving common on-site water supply or on-site sewage disposal of 2,000 or more gallons per day.
 - d. A utility plan showing, in addition to provisions for water supply and waste water disposal, the location and nature of electrical, telephone and any other utility services to be installed on the site.
 - e. A landscaping plan.
 - f. The location, width, typical cross-section, grades and profiles of all proposed roads and sidewalks.
 - g. Cost of the proposed development and evidence of financial capacity to complete it. This evidence should be in the form of a letter from a bank or other source of financing indicating the name of the project, amount of financing proposed, and interest in financing the project.
 - h. An estimate of the number of trips per day associated with the proposed development.
7. The appropriate fee must accompany this application.

This application must be submitted to the Lamoine Planning Board, 606 Douglas Highway, Lamoine, ME 04605 at least 10-days before the Board is to consider it at a regularly scheduled meeting.

Signature Section

By signing this, I maintain that the information provided to the Lamoine Planning Board is true and accurate to the best of my knowledge. I understand this is a application and will be informally discussed at a Lamoine Planning Board meeting and it is a public document.

Eric C. Hann Sr.
Susan H. Hann
Signature

Owners
Title

4-6-12
Date

Eric C. Hann Sr.
Susan H. Hann
Printed Name

For Planning Board Use Only

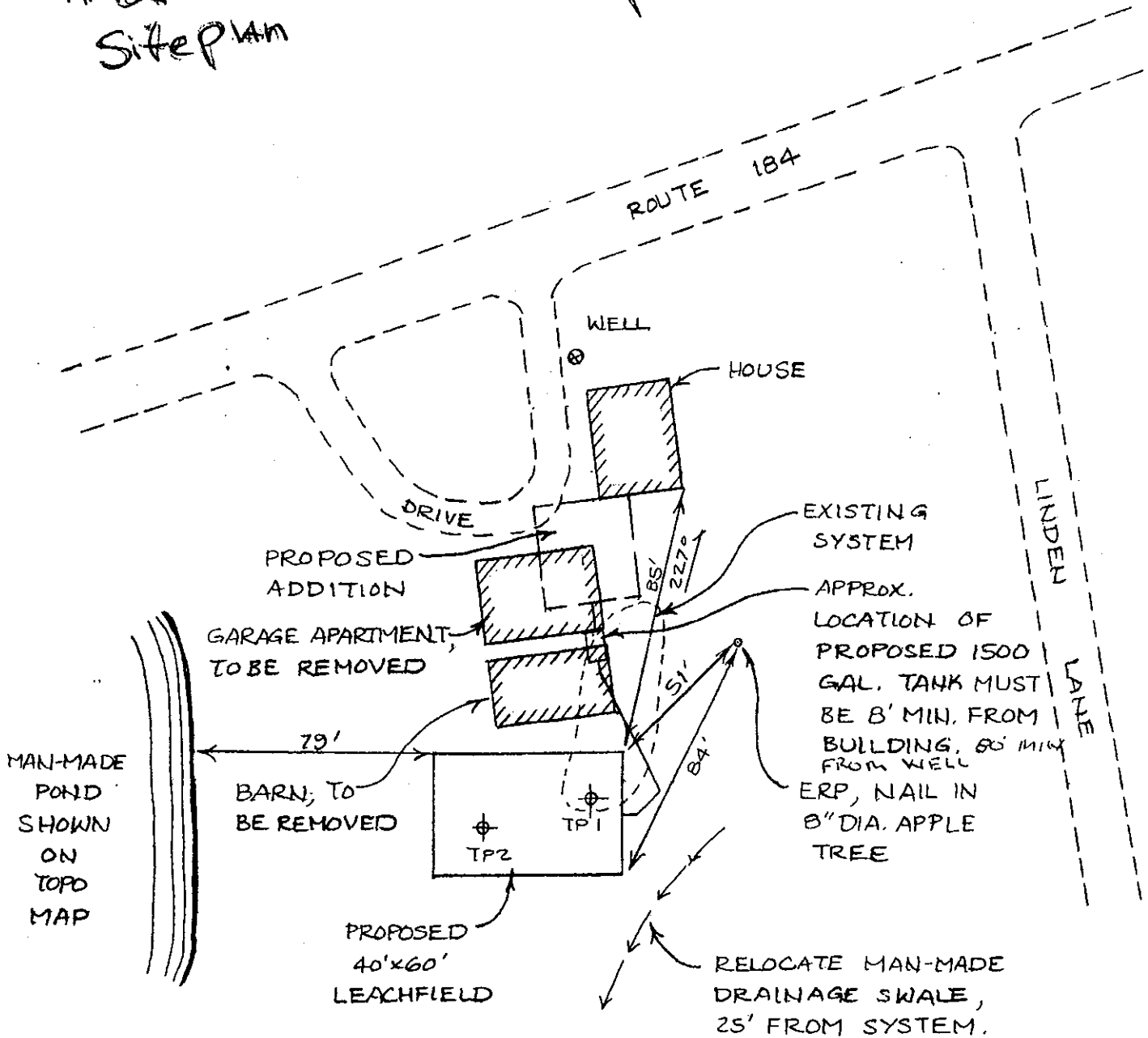
Date Received by Town Office	
Date Mailed to Planning Board	
Date Scheduled for Initial Review	
Date of completeness determination	
Date abutting landowners were notified	
Date scheduled for application hearing	
Fee Amount Due	
Date Fee was paid to town treasurer	
Final Action	
Conditions – list below	

Signature of Planning Board Chair Date

SITE PLAN:
SCALE: 1" = 50'

ERIC HANN
LAMOINE
PAGE 2A

#2
Site Plan



Will A. LaRy

SITE EVALUATOR'S SIGNATURE

319

S.E.#

10-3-05

DATE

3
Deed

BK 4242 PGS 20 - 21
INSTR # 2005012476
07/12/2005 at 02:47 PM
HANCOCK COUNTY, ME

REG RECORD & RETOR.
TTILESOUTHEAST, INC.
4025 TAMPA ROAD, SUITE 1205
OLDSMAR, FL 34677
FILE NO: TST 05-1011

WARRANTY DEED

MAUREEN A. McGREEVY, of Lamoine, County of Hancock, State of Maine, for consideration paid, grants to ERIC C. HANN and SUSAN H. HANN, husband and wife, of Somersville, County of Tolland, State of Connecticut, as joint tenants, with WARRANTY COVENANTS, the land, together with any buildings thereon, situated in Lamoine, County of Hancock, State of Maine, being bounded and described as follows, to wit:

A Certain lots or parcels of land with the buildings thereon situated in Lamoine, Hancock County, Maine, on the Northeasterly side of the Douglas Highway, so called, leading from Ellsworth to Lamoine Beach, and being all lots or parcels of land with the buildings thereon, situated on said Northeasterly side of said Douglas Highway and Southeasterly of the Haslam Road, so called, title to which is vested in the Grantor herein under deeds recorded in the Hancock County, Maine, Registry of Deeds. Referenced is had to the records in said Registry of Deeds for a more particular and specific description of the lots or parcels of land herein conveyed.

TOGETHER WITH all rights, easements, privileges and appurtenances belonging to the granted estate.

Any and all other rights, easements, privileges and appurtenances belonging to the granted estate are hereby conveyed.

Being the same premises as described in the Warranty Deed given by Laurie J. Gerry, Lisa A. Kippen and Philip G. Bennett to Gary McGreevy and Maureen A. McGreevy, dated June 28, 1999, and recorded in Hancock County Registry of Deeds in Volume 2849, Page 628. See also Warranty Deed from Gary McGreevy and Maureen McGreevy to Maureen McGreevy dated October 18, 2004, and recorded at the Hancock County Registry of Deeds in Volume 4042, Page 307.

MAINE REAL ESTATE
TRANSFER TAX PAID

WITNESS my hand and seal this 24th day of June, 2005.

Witness

Maureen A. McGreevy
Maureen A. McGreevy

STATE OF MAINE

County of HANCOCK

HANCOCK, ss.

June 24, 2005

Personally appeared the above-named Maureen A. McGreevy,
and acknowledged the foregoing instrument to be her free act
and deed.

Before me,

George E. Roy
Notary Public

Printed Name:

GEORGE E. ROY

H:/realestate/deeds/235-05mcgreevy.doc

GEORGE E. ROY
Notary Public, Maine
My Commission Expires April 11, 2008

SEAL

GEORGE E. ROY
Notary Public, Maine
My Commission Expires April 11, 2008

4A

Zoning

Town of Lamoine
Construction ApplicationPermit Number 06-04 Map 13 Lot 6 Zone RAZ Date 1/14/06
Shoreland Zone District _____ Flood Zone _____☒ Building Permit ☐ Shoreland Permit ☐ Floodplain Hazard Permit

The undersigned applies for a construction permit for the uses indicated below. Said permit is to be considered on the basis of the information contained within this application. Any Federal, State, or Local statutes, or regulations shall be applicable, and their compliance necessary to obtain a building permit. Permit will be issued to the owner of record or properly designated agent. Incomplete applications will not be processed.

Owner/Applicant Information

Owner		Applicant	
Name	ERIC HANN	Name	ERIC HANN
Address	PO Box 574 SOMERSVILLE CT. 06082	Address	PO Box 574 SOMERSVILLE CT. 06082
Home Phone	860-749-2321	Home Phone	860-749-2321
Work Phone	860-974-1000	Work Phone	860-974-1000
Contractor		Phone #	

Existing Uses of Property RESIDENTIAL Physical Address of Property 720 LAMONIE BEACH RD

Existing Facilities:

<input checked="" type="checkbox"/> Well	<input type="checkbox"/> Sewer	<input checked="" type="checkbox"/> Public Road	(name) <u>Lamoine Beach Rd</u>
<input type="checkbox"/> Public Water	<input checked="" type="checkbox"/> Septic System	<input type="checkbox"/> Private Road	(name) <u>Dodges Highway</u>

Lot Dimensions:

Width	<u>640</u>	Length	<u>320</u>	Area (in acres)	<u>6.1 ACRES</u>
				Area (in square feet)	

Are current uses conforming?

☒ Yes ☐ No If No, please explain on an attachment

Are permits required from the State of Maine or Federal Government?

☐ Yes ☒ No If Yes, please attach copies to the application

Is funding for this project provided by any Federal, State, County or Local Government?

☐ Yes ☒ No If Yes, please attach an explanation to the application.

Was the lot for which a permit is requested created by division from another lot within the past five years?

☐ Yes ☒ No If Yes, Subdivision Name _____ Lot # _____
If you do not know, provide a Title Attorney's opinion or notarized statement of your own.

Proposed construction activity on the property

<input checked="" type="checkbox"/> Residential		Commercial*		Accessory
New Dwelling Unit		New Use		Garage
Manufactured Home	<input checked="" type="checkbox"/>	Expansion		Deck
Mobile Home				Other (Describe Below)
If Mobile Home	Year	Make		Sales Tax Paid?
Square Footage of building ground coverage				<u>980 SQA</u>

Additional Description (attach sheet if necessary)

Estimated Market Value of Project Upon Completion	\$215,000
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Census Information: Please indicate how many additional persons will inhabit any structures after completion of the project.

Number of Full Time Residents	0	Number of Part Time Residents	2
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Number of Children Under 18	0
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List any in-home occupations	
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Starting Date:	5/1/2006	Estimated Completion Date	8/30/2007
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Earth Moving Activity: (check one)	Less than 10 Cubic Yards	Greater than 10 Cubic Yards
------------------------------------	--------------------------	-----------------------------

In Shoreland Zone, greater than 10-cubic yards of earth moving activity requires a DEP Permit

Flood Zone Information

Is the proposed development located within a Flood Hazard Area?
☐ Yes ☒ No If Yes, complete the information below

- | | |
|---|-------------------------------|
| 1. Filling _____ cubic yards of fill | 9. Residential Structure |
| 2. Excavation _____ cubic yards removed | 10. Non-residential Structure |
| 3. Paving _____ square yards paved | 11. Water Dependent Use |
| 4. Drilling _____ | A. Dock Dimensions _____ |
| 5. Mining _____ acres mined | B. Pier Dimensions _____ |
| 6. Dredging _____ cubic yards dredged | C. Boat Ramp Dimensions _____ |
| 7. Levee _____ cubic yards in levee | 12. Floodproofing |
| 8. Dam _____ acres of water surface | 13. Other (explain) _____ |

Flood Zone (check one) A&AE Floodway V&VE ZO AH

Elevation of lowest floor (NGVD) for all structures: _____

Grade elevation at lowest grade adjacent to the existing or proposed wall: _____ (NGVD)

Distance in feet of confluence or Corporate limit _____ feet

If in Flood Zone AE or A1-A30, Nearest Cross Section References

Above Site _____ Below Site _____

Elevation of Base Flood at Nearest Cross Section

Above Site _____ Below Site _____

If "A" Zone: Base Flood Elevation _____

Basis of "A" Zone BFE determination _____

If in "VE" Nearest Transect Above site _____ Below Site _____

Below Site _____

Provide a statement describing how each applicable development standard (set forth in ARTICLE VI of the Flood Hazard Development Ordinance) will be met. If a water course is to be altered or relocated, describe in detail and provide copies of all applicable state and federal permits. Include certification from a licensed surveyor that the proposed project is located outside of the 100-year floodplain.

Name of Surveyor/Architect/Engineer _____ License # _____

Shoreland Zoning Information

Affected Waterbody _____

Distance from normal high water line for development _____ feet.

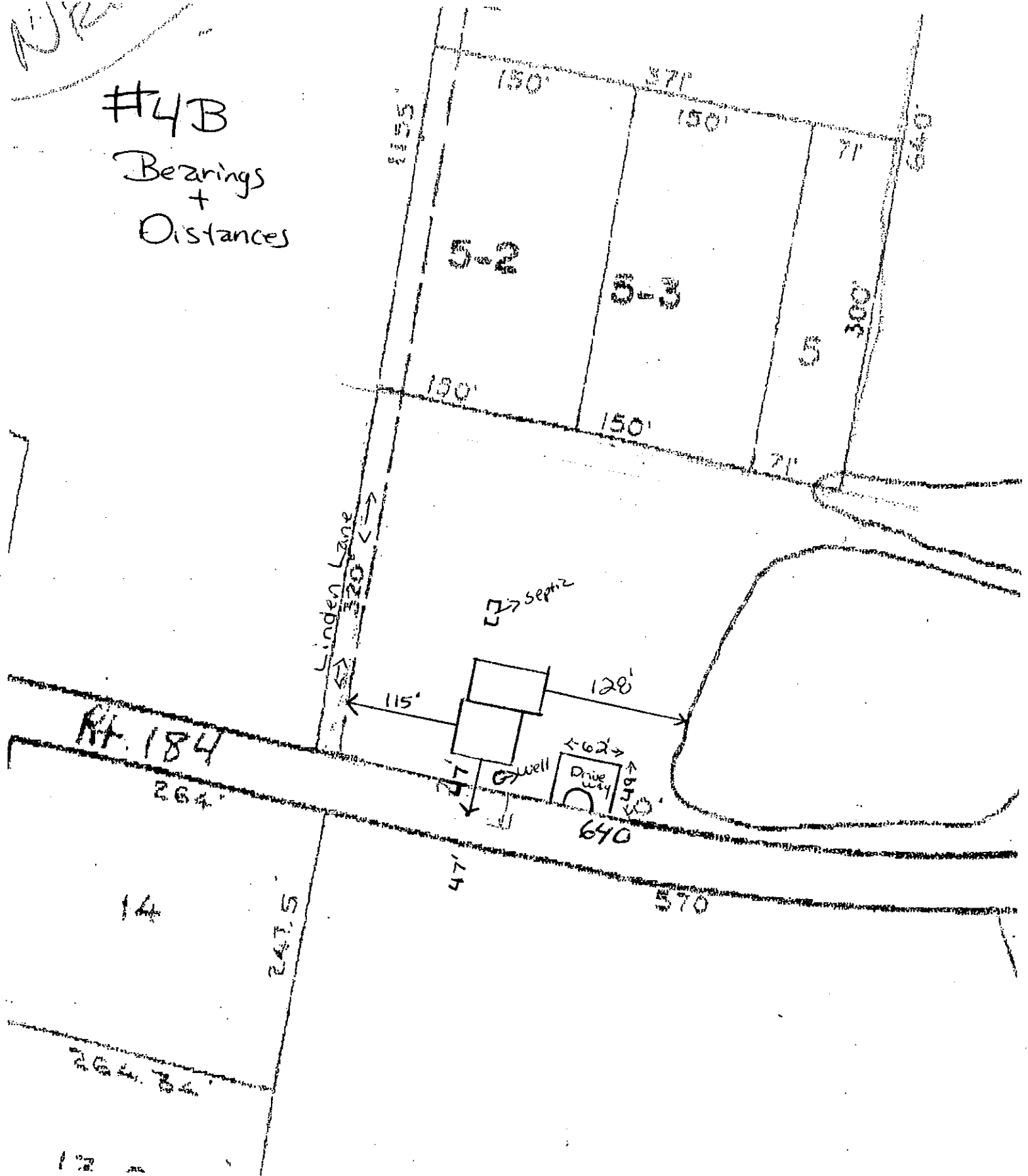
Is clearing of trees and other vegetation required? Yes No (if yes, explain)

Please consult section 14 of the Lamoine Shoreland Zoning Ordinance. List the numbers of all subsections which apply to the proposed development.

N/K

#4B

Bearings
+
Distances



4c

Sewer

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request an HHE-200 and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 2006)
2. There will be no change in use of the structure except as authorized for one-time exempted expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

GENERAL INFORMATIONTown of LAMONEPermit No. 1424Date Permit Issued 1/17/06Property Owner's Name: ERIC HANNTel. No.: (860) 749-2321System's Location: ROUTE 184Property Owner's Address: P.O. BOX 574 - SOMERSVILLE, CT. 06072

(if different from above)

SPECIFIC INSTRUCTIONS TO THE:**LOCAL PLUMBING INSPECTOR (LPI):**

If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature.)

SITE EVALUATOR:

If after completing the Application, you find that a variance for the proposed replacement system is needed, complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

If has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

PROPERTY OWNER

I understand that the proposed system requires a variance to the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

SIGNATURE OF OWNER

DATE

LOCAL PLUMBING INSPECTOR

I, _____, the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

☒ a. () approve, () disapprove) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant. --OR--

☐ b. find that one or more of the requested Variances exceeds my approval authority as LPI. I () recommend, () do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, the reasons shall be stated in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____

LPI SIGNATURE

DATE

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
SOILS							LIKE 8-C FILL	
Soil Profile	Ground Water Table			to 7"			— inches	
Soil Condition	Restrictive Layer			to 7"			— inches	
from HHE-200	Bedrock			to 12"			— inches	
SETBACK DISTANCES (In feet)	Disposal Fields			Septic Tanks			Disposal Fields	Septic Tanks
From	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	To	To
Wells with water usage of 2000 or more gpd or public water supply wells	300 ft [a]	300 ft [a]	300 ft [a]	100 ft [a]	100 ft [a]	100 ft [a]	—	—
Owner's wells	100 down to 60 ft	200 down to 100 ft	300 down to 150 ft	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft	—	80'
Neighbor's wells	100 down to 60 ft [b]	200 down to 120 ft [b]	300 down to 180 ft [b]	100 down to 50 ft [b]	100 down to 75 ft [b]	100 down to 75 ft [b]	—	—
Water supply line	10 ft [a]	20 ft [a]	25 ft [a]	10 ft [a]	10 ft [a]	10 ft [a]	—	—
Water course, major - for replacements only, see Table 400.4 for major expansions	100 down to 60 ft	200 down to 120 ft	300 down to 180 ft	100 down to 50 ft	100 down to 50 ft	100 down to 50 ft	79'	—
Water course, minor	50 down to 25 ft	100 down to 50 ft	150 down to 75 ft	50 down to 25 ft	50 down to 25 ft	50 down to 25 ft	—	—
Drainage ditches	25 down to 12 ft	50 down to 25 ft	75 down to 35 ft	25 down to 12 ft	25 down to 12 ft	25 down to 12 ft	—	—
Edge of fill extension -- Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	—	—
Slopes greater than 3:1	10 ft	18 ft	25 ft	N/A	N/A	N/A	—	—
No full basement (e.g. slab, frost wall, columns)	15 down to 7 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft	—	—
Full basement (below grade foundation)	20 down to 10 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft	—	—
Property lines	10 down to 5 ft [e]	18 down to 9 ft [e]	20 down to 10 ft [e]	10 down to 4 ft [e]	15 down to 7 ft [e]	20 down to 10 ft [e]	—	—
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft	—	—
OTHER								
1. <u>Fill extension Grade to 3:1</u>								
2. _____								
3. _____								

Footnotes: [a.] Single-family well setbacks may be reduced as prescribed in Section 701.2.

[b.] This distance may be reduced to 25 feet, if the septic or holding tank is tested in the plumbing inspector's presence and shown to be watertight or of monolithic construction.

[c.] Additional setbacks may be needed to prevent fill material extensions from encroaching onto abutting property.

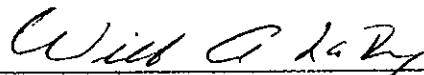
[d.] Additional setbacks may be required by local Shoreland zoning.

[e.] Natural Resource Protection Act requires a 25 feet setback, on slopes of less than 20%, from the edge of soil disturbance and 100 feet on slopes greater than 20%. See Chapter 15.

[f.] May not be any closer to neighbors well than the existing disposal field or septic tank unless written permission is granted by the neighbor. This setback may be reduced for single family houses with Department approval. See Section 702.3.

[g.] The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.

[h.] See Section 1402.10 for special procedures when these minimum setbacks cannot be achieved.



#319

SITE EVALUATOR'S SIGNATURE

10-3-05

DATE

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and () does () does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

SIGNATURE OF THE DEPARTMENT

DATE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, SHS 10
(207) 287-5672 Fax (207) 287-3165

PROPERTY LOCATION

City, Town, or Plantation	LAMMOINE
Street or Road	ROUTE 184
Subdivision, Lot #	

Date Permit Issued: 1/17/06

\$ 1120 FEE ☐ Double Fee Charged

Local Plumbing Inspector Signature: [Signature]

L.P.I. # 110111

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	HANN ERIC	<input type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	P.O. BOX 574 SOMERSVILLE, CT 06072	
Daytime Tel. #	(860) 749-2321	

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

Owner or Applicant Statement

I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

Signature of Owner or Applicant: [Signature] Date: 12/14/05

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

(1st) Date Approved

Local Plumbing Inspector Signature

(2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____ <input checked="" type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input checked="" type="checkbox"/> 3. Replacement System Variance EXPANDED <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY 6± <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: 4 BEDROOM BED & BREAKFAST RESIDENTIAL (specify) Current Use: <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY <u>1500</u> gallons	DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. Cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE <u>2400</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment Tank <input type="checkbox"/> b. _____ Tanks in Series <input type="checkbox"/> c. Increase in Tank Capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>525</u> gallons per day BASED ON: <input type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input checked="" type="checkbox"/> 2. Table 502.2 (other facilities) SHOW CALCULATIONS -- for other facilities -- BED & BREAKFAST ESTABLISHMENT W/ 1 BEDROOM 225 GPD 4. RENTAL ROOMS @ 75 GPD EA. 300 GPD 525 GPD
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>B / C / 1</u> at Observation Hole # <u>1</u> Depth <u>15</u> " (LIKE) OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Small -- 2.0 sq. ft./gpd <input type="checkbox"/> 2. Medium -- 2.6 sq. ft./gpd <input type="checkbox"/> 3. Medium-Large -- 3.3 sq. ft./gpd <input checked="" type="checkbox"/> 4. Large -- 4.1 sq. ft./gpd <input type="checkbox"/> 5. Extra-Large -- 5.0 sq. ft./gpd	EFFLUENT/EJECTOR PUMP <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER-METER DATA

SITE EVALUATOR STATEMENT

I certify that on 9-19-05 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature: [Signature]

SE # 319

Date 10-3-05

Site Evaluator Name Printed: WILLIAM A. LABELLE, JR.

Telephone # (207) 537-5900

E-mail Address: labelleseptic@rivah.net

Page 1 of 3
HHE-200 Rev. 8/01

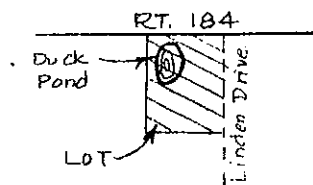
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION		Department of Human Services Division of Health Engineering (207) 287-5672 FAX (207) 287-3105
Town, City, Plantation LAMOINE	Street, Road Subdivision ROUTE 184	Owner's Name ERIC HANN

SITE PLAN

Scale 1" = 50 Ft.
or as shown

SITE LOCATION PLAN
(Map from Maine Atlas recommended)



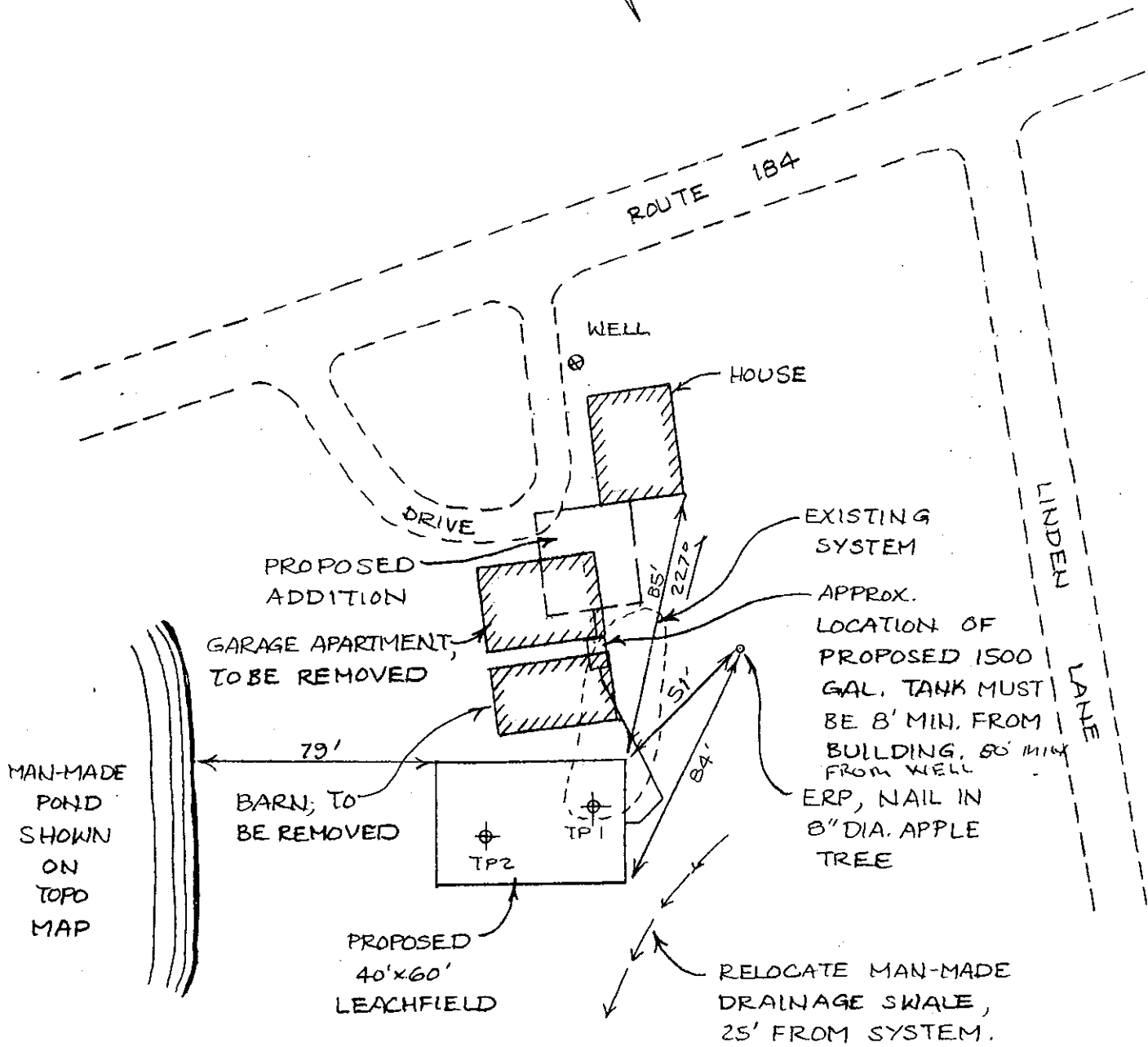
NOTE: EXISTING / PRIOR USE WAS A 3 BEDROOM HOUSE & 2 BEDROOM APT = 450 GPD
 PROPOSED USE = 525 GPD LESS THAN 25% INCREASE = MINOR EXPANSION OUTSIDE THE SHORELAND ZONE

(SEE ATTACHED SITE PLAN)

SOIL DESCRIPTION AND CLASSIFICATION					(Location of Observation Holes Shown Above)							
Observation Hole <u>#1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring <u>1 1/2</u> " Depth of Organic Horizon Above Mineral Soil					Observation Hole <u>#2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring <u>1 1/2</u> " Depth of Organic Horizon Above Mineral Soil							
0	Texture	Consistency	Color	Mottling	0	Texture	Consistency	Color	Mottling			
10	SILTY CLAY LOAM			N.E.	10	LOAMY		DARK BROWN	N.E.			
20	LOAMY STONY	FRIABLE	OLIVE	END OF GRASS ROOTS	20	SANDY GRAVELLY (FILL)	FRIABLE	BROWN	STRUCTURE CHANGE (ROOT GROWTH ENDS)			
30	STANDING WATER @ 20"				30		FIRM					
40								40				
50								50				
Soil Classification <u>8</u> <u>LIKE</u> <u>C</u> Profile Condition					Soil Classification <u>4</u> <u>LIKE</u> <u>C</u> Profile Condition							
Slope <u>2</u> % Limiting Factor <u>15</u> "					Slope <u>2</u> % Limiting Factor <u>15</u> "							
<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth					<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth							
<i>Will G. Lery</i> Site Evaluator Signature					319 SE Date 10-3-05							

SITE PLAN:
SCALE: 1" = 50'

ERIC HANN
LAMOINE
PAGE 2A



Will A. L. R.
SITE EVALUATOR'S SIGNATURE

319
S.E.#

10-3-05
DATE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-3165

Town, City, Plantation

LAMOINE

Street, Road, Subdivision

ROUTE 184

Owner or Applicant Name

ERIC HANN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1"= 20 ft.

(SEE ATTACHED SUBSURFACE
WASTEWATER DISPOSAL PLAN)

BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 22 "

Depth of Backfill (downslope) 30"-32 "

DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -36 "

Top of Distribution Pipe or Proprietary Device -42 "

Bottom of Disposal Field -60 "

ELEVATION REFERENCE POINT

Location & Description: NAIL 33" ABOVE

GROUND IN 8" DIA. APPLE TREE.

Reference Elevation is: 0.0"

DISPOSAL FIELD CROSS-SECTION

Scales:

Vertical: 1"= ft.

Horizontal: 1"= ft.

(SEE ATTACHED CROSS SECTION)

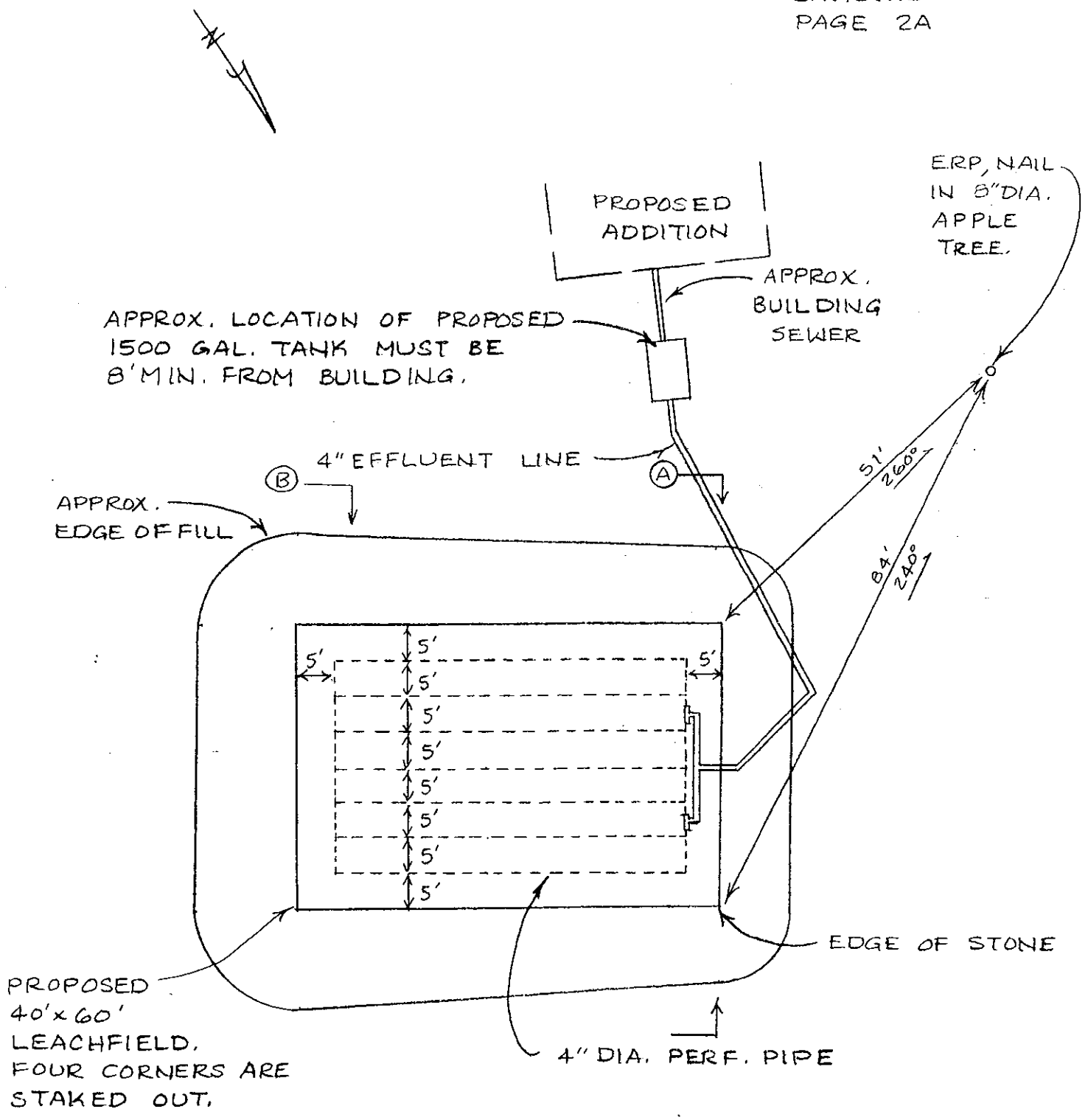
William A. LaRy
Site Evaluator Signature

319
SF #

10-3-05
Date

SUBSURFACE WASTEWATER DISPOSAL PLAN:
SCALE: 1" = 20'

ERIC HANN
LAMOINE
PAGE 2A



Will G. 26 Ry
SITE EVALUATOR'S SIGNATURE

319
S.E.#

10-3-05
DATE

DISPOSAL BED CROSS SECTION

3 FT.
WIDE
BERM

40 FT.

SCALE: 1" = 5'

(A)

FILL MATERIAL SHALL BE 8"-12" THICK OVER STONE AND SHALL BE GRAVELLY COARSE SAND TO THE STANDARDS IN SEC. 804.0 IN THE SUBSURFACE RULES.

TOP 4" OF FILL TO BE A GOOD LOAM SOIL MIX TO ESTABLISH A GOOD VEGETATIVE COVER; SEED AND MULCH TO PREVENT EROSION.

FILL EXTENSIONS NO GREATER THAN 4:1, (25% SLOPE).

4" PERF. PIPE, TYPICAL

3%

15"

31" FILL

22" FILL

(B)

BOTTOM OF STONE MUST BE LEVEL WITH MAXIMUM GRADE TOLERANCE OF 2" PER 100'.

12" CLEAN STONE, (1 1/2" DIA.)

ORIGINAL GRADE

REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER ENTIRE FILL AREA.

SYSTEM MUST BE INSTALLED ACCORDING TO THE RULES AND PRACTICES SET FORTH IN THE SUBSURFACE WASTEWATER RULES, IN EFFECT AT THIS TIME.

ELEVATIONS:

ELEV. REF. PT. (ERP):

FINISHED GRADE:

TOP OF DISTRIBUTION PIPE:

BOTTOM OF STONE:

0"
-36"
-49"
-60"

OWNER: ERIC HANN

LOCATION: LAHOINE

William A. LaBele

WILLIAM A. LaBELE

319

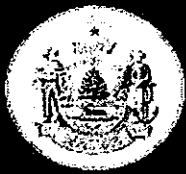
S.E.#

10-3-05

DATE

207-537-5500

4 C water



Maine Center for Disease
Control and Prevention

An Office of the
Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
Health and Environmental Testing Laboratory
221 State Street
12 State House Station
Augusta, Maine 04933-0012
Tel: (207) 287-2717; Fax: (207) 287-6882
TTY: 1-800-606-0213

SUSAN HANN
720 LAMOINE BEACH RD
LAMOINE ME 04605

Fax#:

Logged: 1/31/2012 11:49:00AM

Folder/ Invoice # H003174

Office Use Only:
Do Not Bill
WALK-IN
Private

Released: 2/2/2012

Case #:

Project Name:

No. of Samples in Folder: 1

H003174001 TGS

CERTIFICATION

The HETL hereby certifies that all test results for this sample were analyzed by approved and accredited methods and meet all preservation, preparation and holding times, unless otherwise noted.

Kenneth G. Pote, PhD., Director

Richard French, Quality Assurance Officer

If we can be of further assistance to you, Please Call us at 287-1716

Approved by:

Thomas Crosby

Thomas Crosby
Inorganics Supervisor/Chemist III

Continued from Previous Page

HETL Folder Number: H003174

HETL Sample Number: H003174001

Matrix: Potable Water

Description: 720 LAMOINE BEACH DW-H20

Sampler: ERIC HANN

Sample Date: 1/30/2012 Time: 11:15:00

Analyte	Result	Units	Qualifier	MCL
E. coli	<1	MPN/ 100ml		0
Coliform, Total	<1	MPN/ 100ml		0



Your water is considered satisfactory for all tests analyzed and listed above.

(Does not apply to unanalyzed or rejected samples - See results column and any comments)

The term 'Satisfactory' is based on the Maine Drinking Water Regulations, State Toxicologist's Guidelines and/or the Federal Safe Drinking Water Act

Continued from Previous Page

HETL Folder Number: **H003174**

Units & Measurement

"mg/L" = Milligrams per liter;

"ug/L" = Micrograms per Liter;

"mg/Kg" = Milligrams per Kilogram;

"ug/Kg" = Micrograms per Kilogram;

"PPM" = Parts per Million;

"NTU" = Nephelometric Turbidity Units;

All solid results on a "Dry Weight" basis

NC = Not confirmed NQ = Not Quantitated NA = Not Analyzed J = Approximately U = Undetected R = Rejected

RL-Reporting Limit, the lowest concentration which can be reliably reported on a routine basis

"<" = Less than ">" = Greater than

MCL - Maximum Contaminant Level, the highest level allowed by EPA for public water supplies. Also used here as the maximum advisory limit set by the Maine Centers for Disease Control and Prevention.

Note: Results below the advisory limit, including < and K are considered satisfactory for that parameter.

Disclaimer

Your report consists of the number of pages listed on the cover page. Any attachments after the last numbered page are for informational purposes only and not part of the formal report.

The results in this report are for the submitted sample(s) only.

This report shall not be reproduced, except in full, without written permission from the Maine Health and Environmental Testing Laboratory.

This is a simplified report that has been specifically requested by the submitter, and does not meet NELAC format requirements.

PAID

DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH & ENVIRONMENTAL TESTING LABORATORY DATE REC'D @ LAB
TEL: (207) 287-1716 FAX: (207) 287-1884

TEMP UPON ARRIVAL @ LAB

SUSAN HANN
720 LAMOINE BEACH RD

LAMOINE, ME 04605

TGS



This kit expires on 1-22-2013

PM-13

Kit # 198687

H003174

WALK-IN

() NAME AND ADDRESS (IF NOT ON LABEL)
() CHANGE OF NAME OR ADDRESS

NAME: _____

STREET: _____

TOWN: _____

ZIP CODE: _____

PHONE (EVE): _____

FAX: _____

PHONE (DAY): 207-610-1691

(✓) PLEASE CHECK HERE IF YOU WOULD LIKE A SIMPLIFIED FINAL REPORT

Date Collected: 1/30/2012 Sampler name: ERIC HANN

Time Collected: 11:15 (A.M.) or P.M. (circle one)

Test Address: 720 LAMOINE BEACH City: LAMOINE Zip: 04605

Chlorine Treatment: () None () Bleach () Chlorinator (✓) Other

Location: (Kitchen faucet, Outside Spigot, Pressure Tank, etc...) KITCHEN FAUCET

Sample Source: (Circle one) Drilled Well, Dug Well, Spring, Lake, Other

Comments: _____

COLLECTION PROCEDURE

Whenever possible, collect the sample from a faucet. It is difficult to obtain a satisfactory sample directly from the well or spring or from a hand pump. If the faucet is equipped with a strainer or aerator, remove before collecting sample. Allow water to run 5 minutes to clear pipes. All bottles must be filled to the shoulder and filled from the same sample point. Do not rinse out bottles.

Fill in all requested information above especially the date and time collected. Without the sample date and time we will have to reject your sample(s) and mail you a replacement kit.

We must receive your sample within 30 hours of collection. DO NOT COLLECT AND MAIL YOUR SAMPLE ON A FRIDAY OR SATURDAY OR THE DAY BEFORE OR ON A HOLIDAY. Lists of State holidays are on the back of this form.

See back for additional instructions and when to expect laboratory results

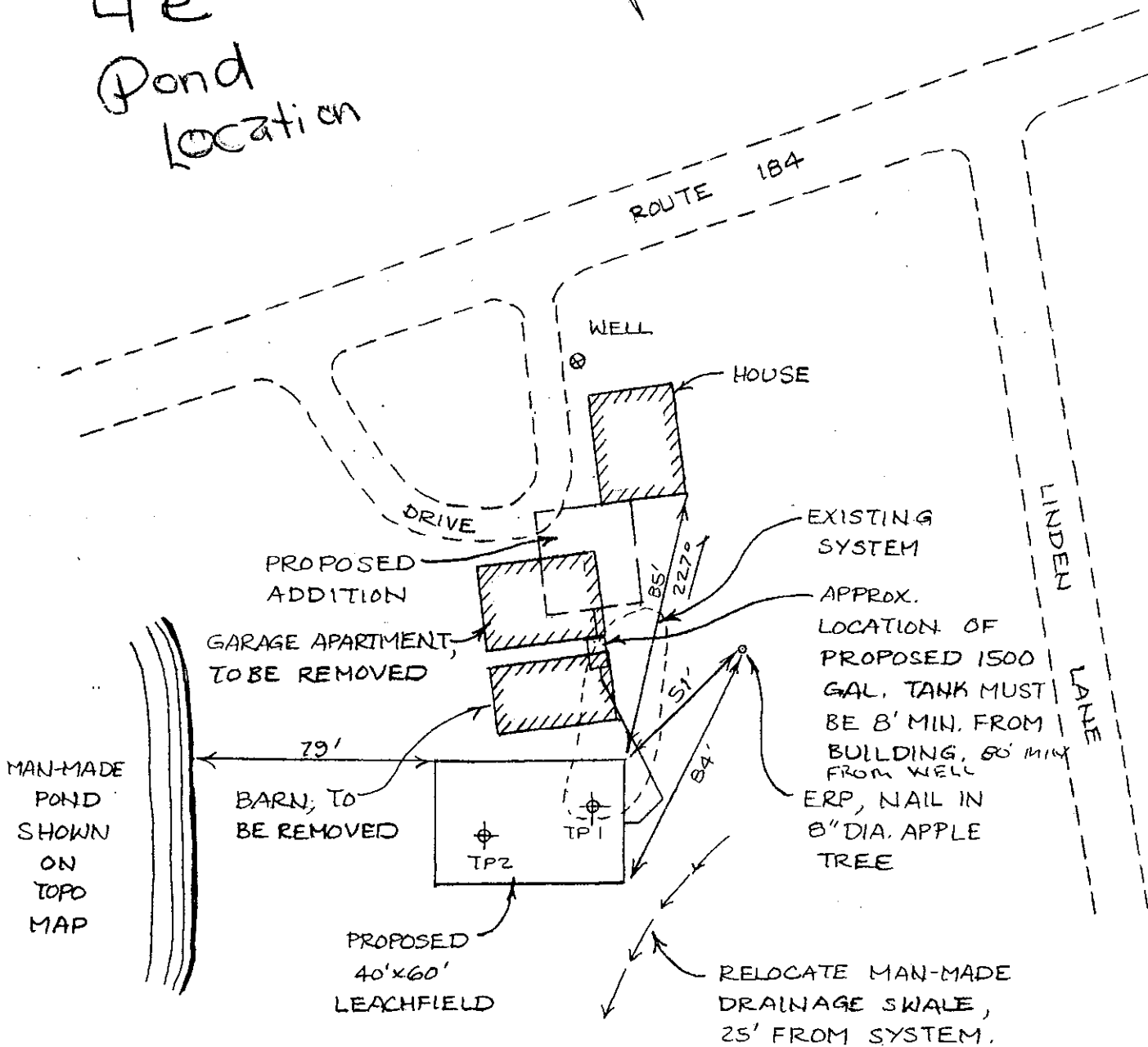
Revised JULY 2011

4c ?

SITE PLAN:
SCALE: 1" = 50'

ERIC HANN
LAMOINE
PAGE 2A

4e
Pond
Location



Will A. LaRy

SITE EVALUATOR'S SIGNATURE

319

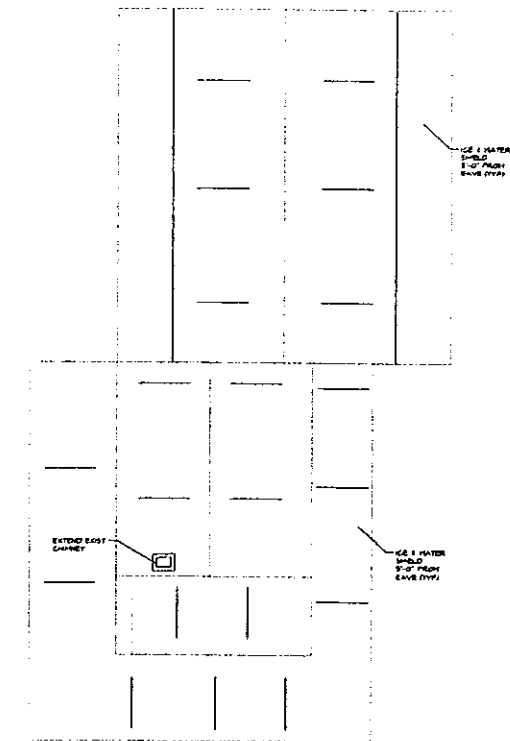
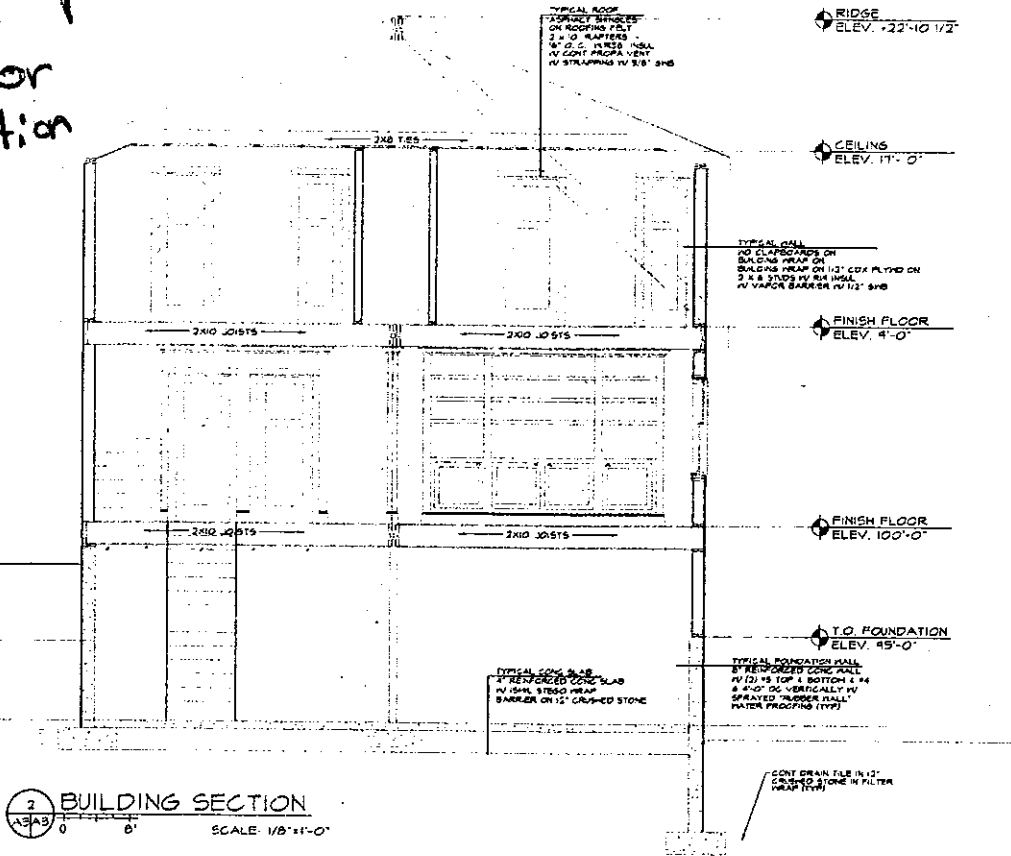
S.E.#

10-3-05

DATE

4e pond

4 f
floor
elevation



47 CLEAVES STREET
YARMOUTH, MAINE
207.846.9649

DMD
DAE LYNN MORTON
DESIGN

TITLE: _____
SCALE: _____
DATE: _____
JOB No: _____

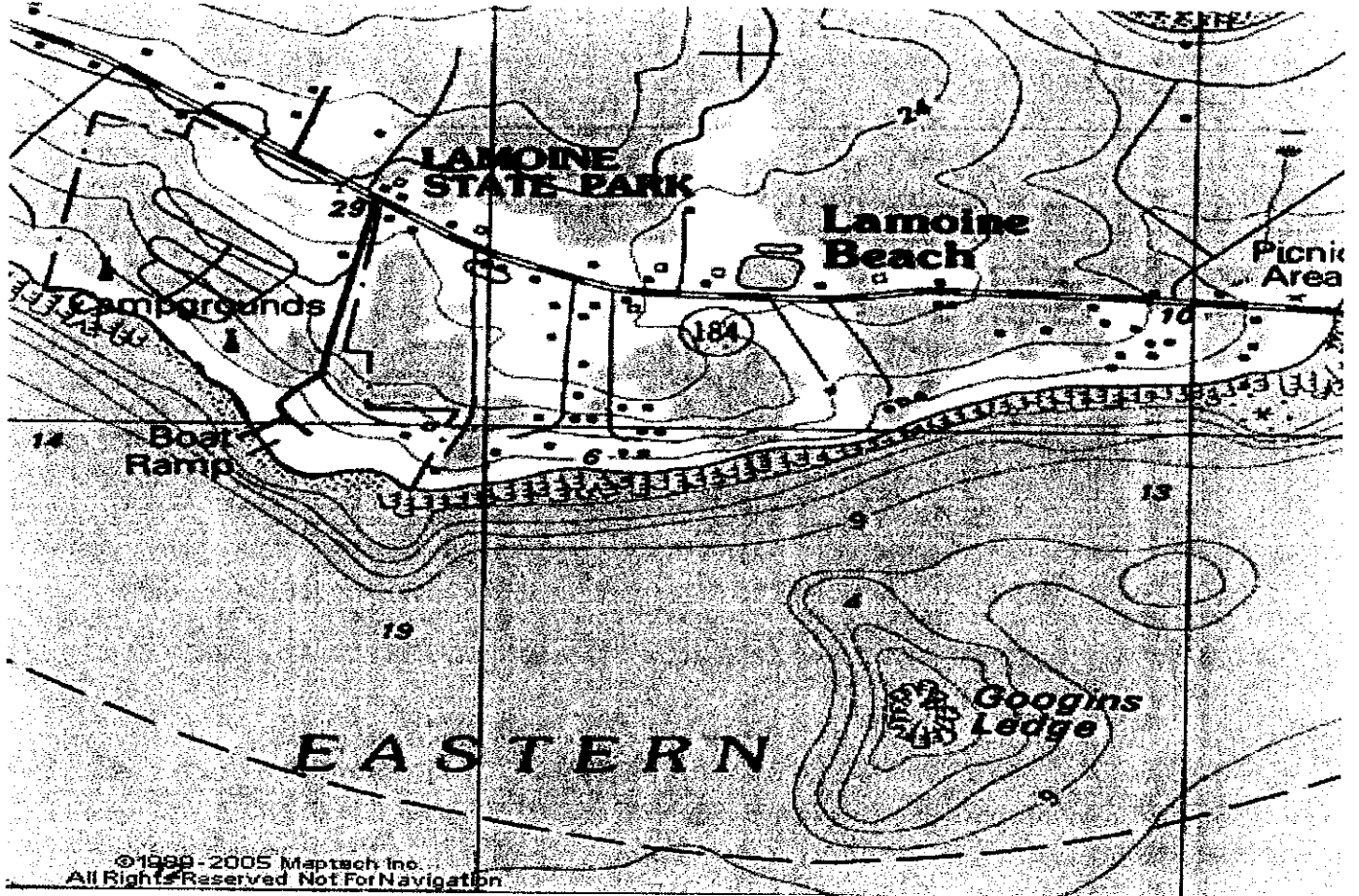
HANN RESIDENCE
Lamoine, Maine

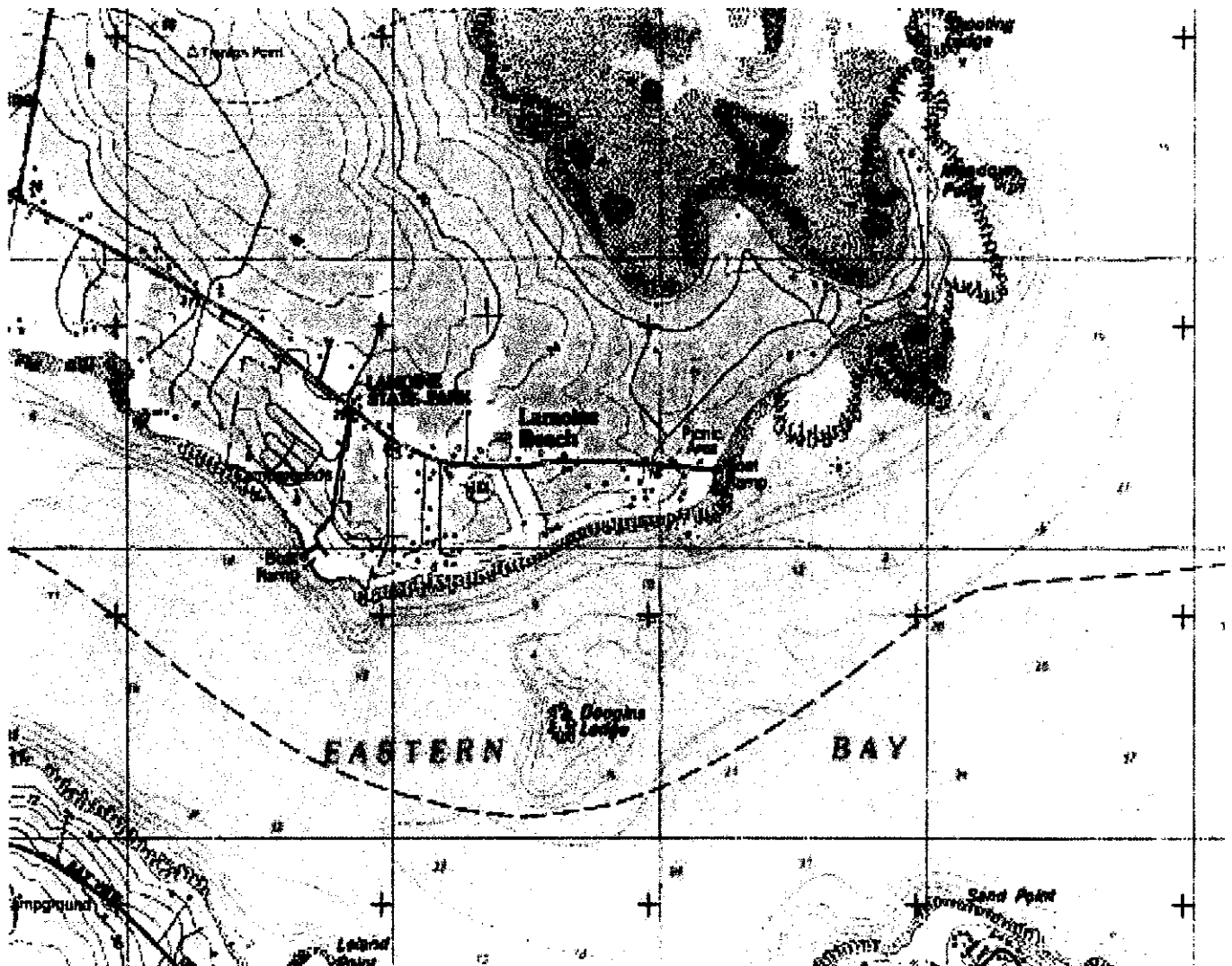
A-3

EXISTING



49



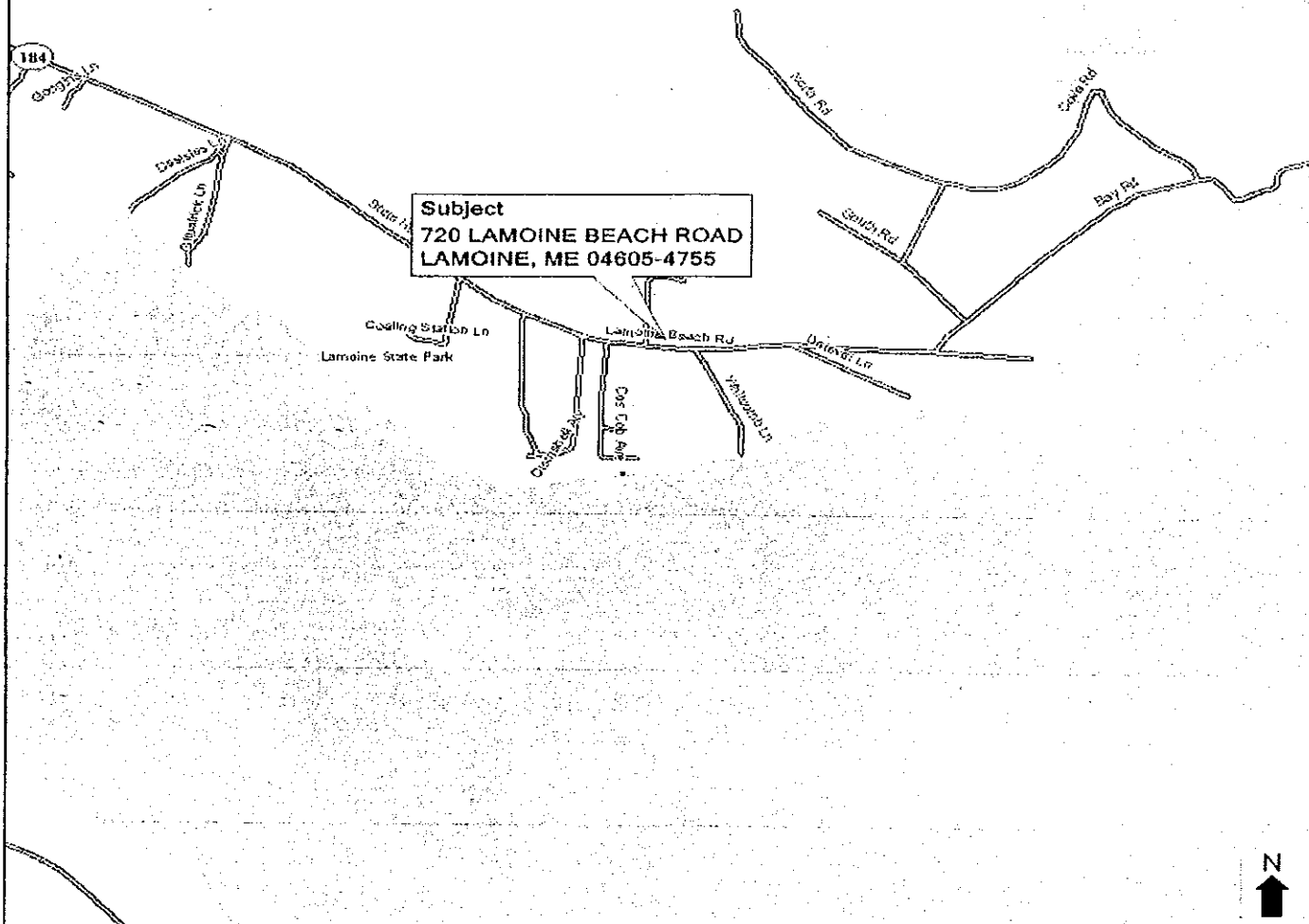


4 H - flood plain

File No. 1300961

FLOOD MAP

Borrower or Owner Eric C. Hann, Sr. & Susan H. Hann
 Property Address 720 Lamoine Beach Road
 City Lamoine County Hancock State ME Zip Code 04605-4755
 Client Camden National



Flood Zones

- | | |
|--|---|
| <input type="checkbox"/> Areas inundated by 500-year flooding | <input type="checkbox"/> Floodway areas |
| <input type="checkbox"/> Areas outside of the 100- and 500-year flood plains | <input type="checkbox"/> Floodway areas with velocity hazard |
| <input type="checkbox"/> Areas inundated by 100-year flooding | <input type="checkbox"/> Areas of undetermined but possible flood hazards |
| <input type="checkbox"/> Areas inundated by 100-year flooding with velocity hazard | <input type="checkbox"/> Areas not mapped on any published FIRM |

Flood Zone Determination

Latitude: 44.454063881097
 Longitude: -68.291649655194
 Community Name:
LAMOINE, TOWN OF
 Community: 230285
 SFHA (Flood Zone): Out
 Within 250 ft. of multiple flood zones: No
 Zone: X
 Panel: 0010A Panel Date: 1991-05-02
 FIPS Code: 23009 Census Tract: 9656

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5 H

5a

proposed uses

We are proposing a change of use for our home at 720 Lamoine Beach Road in Lamoine, ME. We would like to convert our single-family house to a B&B. We will still be living at this residence.

The State of Maine has been to our home and has inspected our sewer, water system, and inside of our home. They have approved and given us our permit to open as a B&B as you can see with the enclosed paperwork.

We have 4 bedrooms each with private bathrooms that we have available to the public.

Breakfast will be served as well as afternoon refreshments and bedtime snacks.

Occasionally we may offer brown bag lunches to take to the beach for picnics.

State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 22692

BED AND BREAKFAST 5 ROOMS OR LESS

4 Rooms 8 Seats (in)

CHOCOLATE CHIP B&B
720 LAMOINE BEACH RD
LAMOINE ME 04605

EXPIRES: 02/23/2013

FEE: \$100.00

HANN, SUSAN H
CHOCOLATE CHIP B&B
720 LAMOINE BEACH RD
LAMOINE ME 04605

Mary C. Mayhew
COMMISSIONER

▽ DETACH HERE ▽

5 a
Proposed
uses

04960

NON-TRANSFERABLE

THIS CARD TO BE CARRIED ON THE PERSON.
THESE LICENSES VOID UNLESS VALIDATED.

DETACH ALONG DOTTED LINES



Please be aware that smoking is now prohibited in outdoor eating areas, where food or drink is served to the public for consumption on the premises, 24 hrs. per day, 365 days per year. For free signs, please contact your local Healthy Maine Partnership at www.healthymainepartnerships.org, or call 207 287 4626.

EXPIRATION ►
DATE

☐ Failed ☐ Closed ☐ IHH

State of Maine Health Inspection Report

Page 1 of 4

Establishment Name
CHOCOLATE CHIP B&B

As Authorized by 22 MRSA § 2496

No. of Risk Factor/Intervention Violations

0

Date 2/10/2012

No. of Repeat Risk factor / Intervention Violations

0

Time In 11:30 AM

Score (optional)

Time Out 12:30 PM

License Expiry Date/EST. ID#
/ 22692

Address
720 LAMOINE BEACH RD

City
LAMOINE

Zip Code
04605

Telephone
207-610-1691

License Type

Owner Name
HANN, SUSAN H

Purpose of Inspection
New Establishment Report

License Posted
No

Risk Category
High

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R
Supervision			
1	IN		
PIC present, demonstrates knowledge, and performs duties			
Employee Health			
2	IN		
Management awareness; policy present			
3	IN		
Proper use of reporting, restriction & exclusion			
Good Hygienic Practices			
4	IN		
Proper eating, tasting, drinking, or tobacco use			
5	IN		
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
6	IN		
Hands clean & properly washed			
7	IN		
No bare hand contact with RTE foods or approved alternate method properly followed			
8	IN		
Adequate handwashing facilities supplied & accessible			
Approved Source			
9	IN		
Food obtained from approved source			
10	IN		
Food received at proper temperature			
11	IN		
Food in good condition, safe, & unadulterated			
12	IN		
Required records available: shellstock tags parasite destruction			
Protection from Contamination			
13	IN		
Food separated & protected			
14	IN		
Food-contact surfaces: cleaned and sanitized			
15	IN		
Proper disposition of returned, previously served, reconditioned, & unsafe food			

Compliance Status		COS	R
Potentially Hazardous Food Time/Temperature			
16	IN		
Proper cooking time & temperatures			
17	IN		
Proper reheating procedures for hot holding			
18	IN		
Proper cooling time & temperatures			
19	IN		
Proper hot holding temperatures			
20	IN		
Proper cold holding temperatures			
21	IN		
Proper date marking & disposition			
22	IN		
Time as a public health control: procedures & record			
Consumer Advisory			
23	IN		
Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations			
24	IN		
Pasteurized foods used; prohibited foods not offered			
Chemical			
25	IN		
Food additives: approved & properly used			
26	IN		
Toxic substances properly identified, stored & used			
Conformance with Approved Procedures			
27	IN		
Compliance with variance, specialized process, & HACCP plan			

Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

R=repeat violation

Compliance Status		COS	R
Safe Food and Water			
8	IN		
Pasteurized eggs used where required			
9	IN		
Water & ice from approved source			
10	IN		
Variance obtained for specialized processing methods			
Food Temperature Control			
1	IN		
Proper cooling methods used; adequate equipment for temperature control			
2	IN		
Plant food properly cooked for hot holding			
3	IN		
Approved thawing methods used			
4	IN		
Thermometers provided and accurate			
Food Identification			
5	IN		
Food properly labeled; original container			
Prevention of Food Contamination			
6	IN		
Insects, rodents, & animals not present			
7	IN		
Contamination prevented during food preparation, storage & display			
8	IN		
Personal cleanliness			
9	IN		
Wiping cloths: properly used & stored			
10	IN		
Washing fruits & vegetables			

Compliance Status		COS	R
Proper Use of Utensils			
41	IN		
In-use utensils: properly stored			
42	IN		
Utensils, equipment, & linens: properly stored, dried, & handled			
43	IN		
Single-use & single-service articles: properly stored & used			
44	IN		
Gloves used properly			
Utensils, Equipment and Vending			
45	IN		
Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
46	IN		
Warewashing facilities: installed, maintained, & used; test strips			
47	IN		
Non-food contact surfaces clean			
Physical Facilities			
48	IN		
Hot & cold water available; adequate pressure			
49	IN		
Plumbing installed; proper backflow devices			
50	IN		
Sewage & waste water properly disposed			
51	IN		
Toilet facilities: properly constructed, supplied, & cleaned			
52	IN		
Garbage & refuse properly disposed; facilities maintained			
53	IN		
Physical facilities installed, maintained, & clean			
54	IN		
Adequate ventilation & lighting; designated areas used			

Person in Charge (Signature)

Date: 2/10/2012

Health Inspector (Signature)

Follow-up: ☐ YES

☒ NO

Date of Follow-up:

State of Maine Health Inspection Report


Page 2 of 4

Establishment Name CHOCOLATE CHIP B&B		As Authorized by 22 MRSA § 2496		Date 2/10/2012
License Expiry Date/EST. ID# / 22692	Address 720 LAMOINE BEACH RD	City / State LAMOINE / ME	Zip Code 04605	Telephone 207-610-1691

Temperature Observations

Location	Temperature	Notes
Handwash sink	120	
3 bay sink	128	
ref/freezer	1/38	

Person In Charge (Signature)



Date: 2/10/2012

Health Inspector (Signature)



State of Maine Health Inspection Report

Page 3 of 4

Date 2/10/2012

Establishment Name

CHOCOLATE CHIP B&B

License Expiry Date/EST. ID#
/ 22692

Address
720 LAMOINE BEACH RD

City / State
LAMOINE

ME

Zip Code
04605

Observations and Corrective Actions

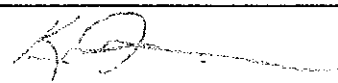
Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

Person in Charge (Signature)



Date: 2/10/2012

Health Inspector (Signature)



State of Maine Health Inspection Report

Page 4 of 4

Establishment Name

CHOCOLATE CHIP B&B

Date 2/10/2012

License Expiry Date/EST. ID#
/22692

Address
720 LAMOINE BEACH RD

City / State
LAMOINE

ME

Zip Code
04605

Inspection Notes

ok

5A

Person in Charge (Signature)

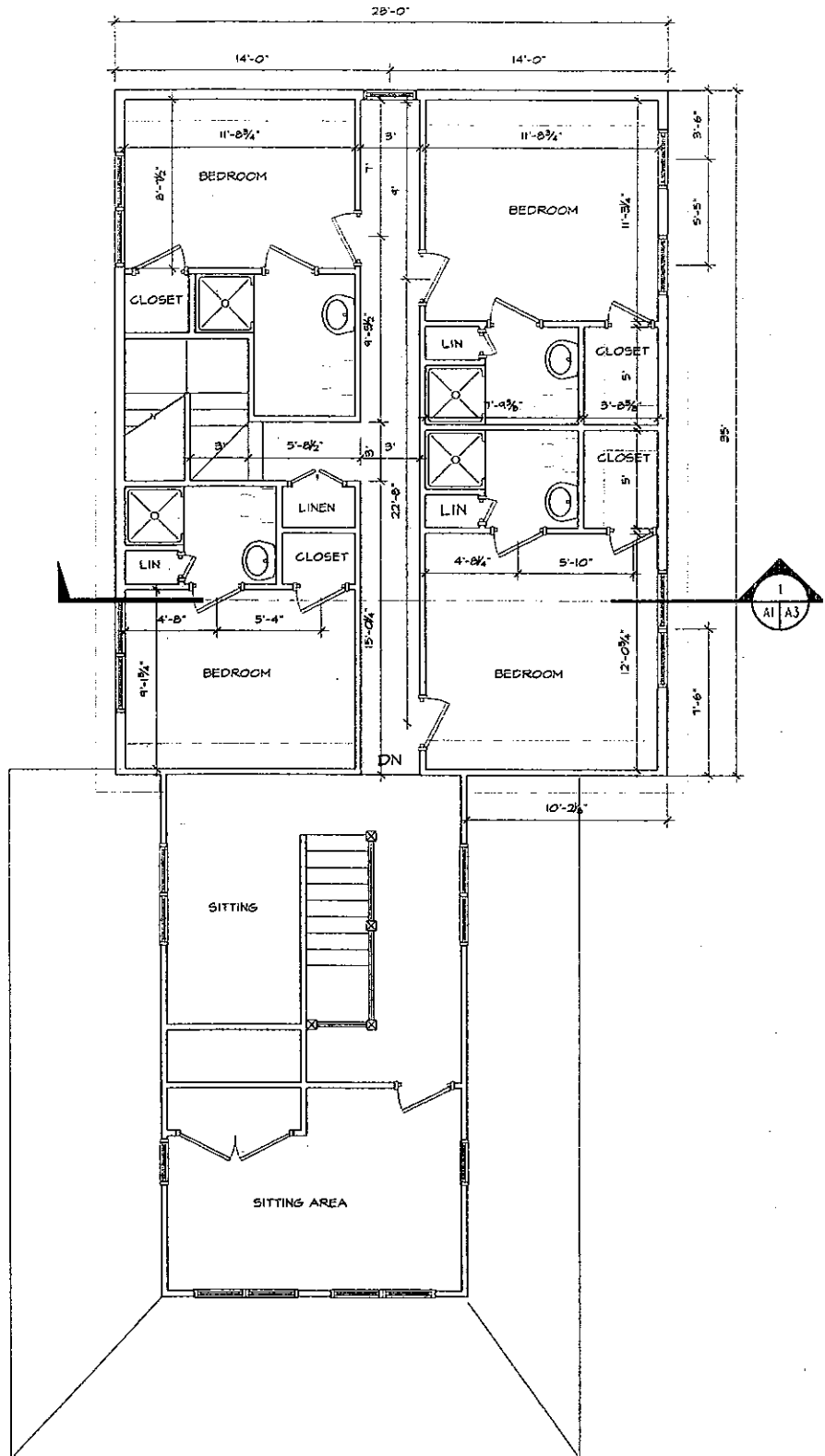


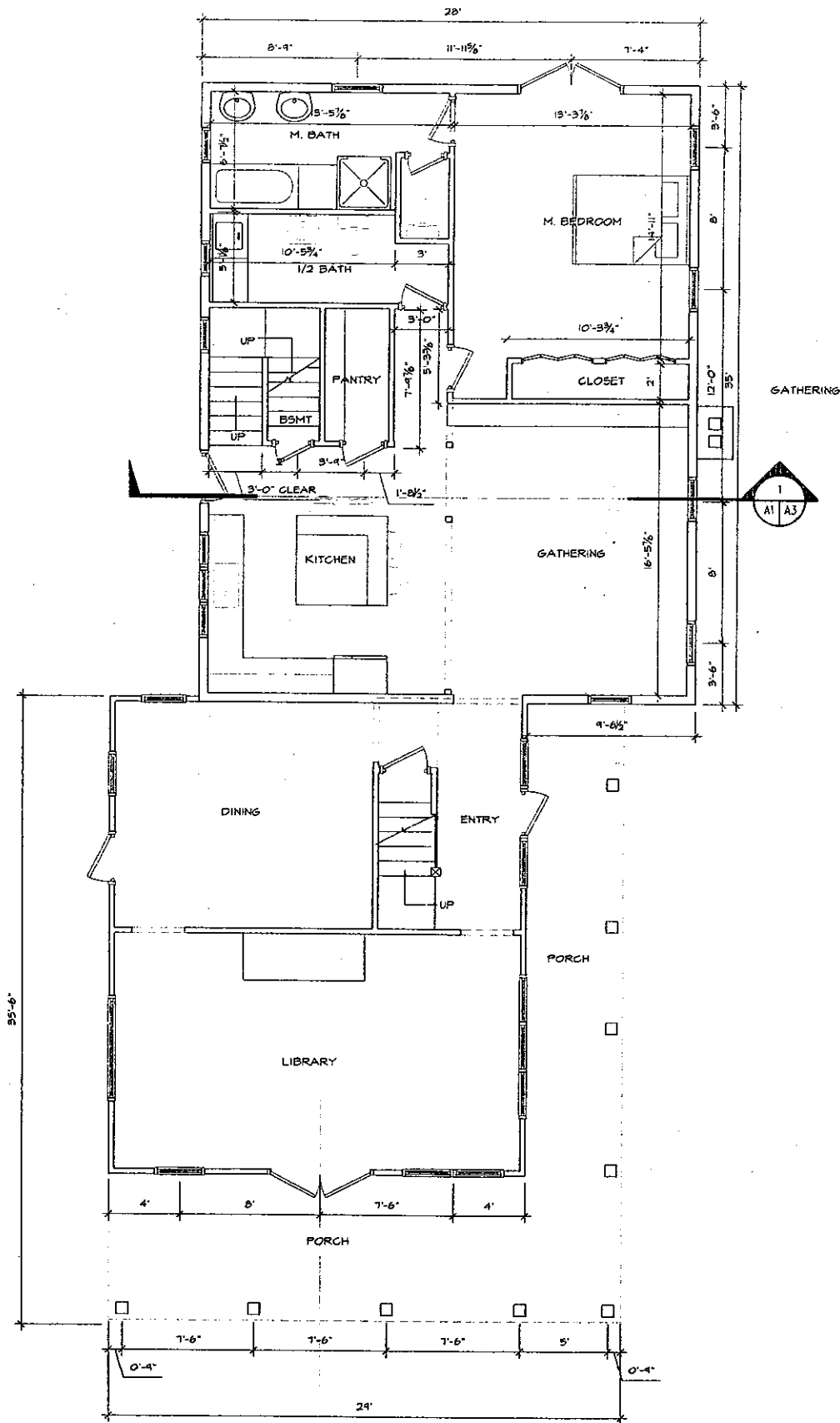
Date: 2/10/2012

Health Inspector (Signature)



5b
Dimensions
of
Bldgs.





SECOND FLOOR PLAN
SCALE: 1/4"=1'-0"

47 CLEAVES STREET
YARMOUTH, MAINE
207.846.9649

DMD

DAELYNN MORTON
DESIGN

ISSUE:

TITLE:

SCALE:

DATE:

JOB No:

HANN RESIDENCE

Lamoine, Maine

A-1

56



Subsurface Wastewater Unit

Tel. (207) 287-5672

Fax (207) 287-4172

September 19, 2011

Chocolate Chip B & B
Attn. Susan and Eric Hann, Sr.
720 Lamoine Beach Road
Lamoine, ME 04605

Subject: Approval, Chocolate Chip B & B, 720 Lamoine Beach Road, Lamoine

Dear Mr. and Mrs. Hann:

The Division has reviewed a septic system design for the subject property. It is my understanding that you are proposing to establish and operate a four room bed and breakfast, also providing bag lunches. The proposal would be served by an existing onsite sewage disposal system, designed and dated 10/03/05 for this purpose by William A. LaBelle, S.E.

Based upon the information submitted, the Subsurface Wastewater Unit concludes that the system design meets the requirements of the Subsurface Wastewater Disposal Rules, and is acceptable for the proposed use. A license to establish and operate a four room bed and breakfast providing bag lunches should be issued based upon the adequacy of the onsite sewage disposal system, absent conflict with any other relevant licensing criteria.

Because installation and owner maintenance has a significant effect on the working order of onsite sewage disposal systems, including their components, the Division makes no representation or guarantee as to the efficiency and/or operation of the system. Particular attention should be paid to preventing grease buildup in the system.

Should you have any questions, please feel free to contact me at (207) 287-5695, or by fax at (207) 287-4172.

Sincerely,

James A. Jacobsen
Project Manager, Webmaster
Division of Environmental Health
Drinking Water Program, Subsurface Wastewater Unit
e-mail: james.jacobsen@maine.gov

/jaj

xc: File
Kenneth Jones, District Health Inspector via e-mail

5f
Subsurface
Sewer

sf

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request an HHE-200 and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 2006)
2. There will be no change in use of the structure except as authorized for one-time exempted expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

GENERAL INFORMATION

Town of LA MOINE
Permit No. 1424 Date Permit Issued 1/17/06
Property Owner's Name: ERIC HANN Tel. No.: (860) 749-2321
System's Location: ROUTE 184
Property Owner's Address: P.O. BOX 574 - SOMERSVILLE, CT. 06072
(if different from above)

SPECIFIC INSTRUCTIONS TO THE:

LOCAL PLUMBING INSPECTOR (LPI):

If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature.)

SITE EVALUATOR:

If after completing the Application, you find that a variance for the proposed replacement system is needed, complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

If has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

PROPERTY OWNER

I understand that the proposed system requires a variance to the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

Eric Hann
SIGNATURE OF OWNER

1/17/06
DATE

LOCAL PLUMBING INSPECTOR

I, _____, the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

☒ a. (☒ approve, ☐ disapprove) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant. --OR--

☐ b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (☐ recommend, ☐ do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, the reasons shall be stated in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____

[Signature]
LPI SIGNATURE

1/17/06
DATE

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
SOILS							LIKE 8-C FILL	
Soil Profile	Ground Water Table			to 7"			— inches	
Soil Condition	Restrictive Layer			to 7"			— inches	
from HHE-200	Bedrock			to 12"			— inches	
SETBACK DISTANCES (in feet)	Disposal Fields			Septic Tanks			Disposal Fields	Septic Tanks
From	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	To	To
Wells with water usage of 2000 or more gpd or public water supply wells	300 ft [a]	300 ft [a]	300 ft [a]	100 ft [a]	100 ft [a]	100 ft [a]	—	—
Owner's wells	100 down to 60 ft	200 down to 100 ft	300 down to 150 ft	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft	—	80'
Neighbor's wells	100 down to 60 ft [b]	200 down to 120 ft [b]	300 down to 180 ft [b]	100 down to 50 ft [b]	100 down to 75 ft [b]	100 down to 75 ft [b]	—	—
Water supply line	10 ft [a]	20 ft [a]	25 ft [a]	10 ft [a]	10 ft [a]	10 ft [a]	—	—
Water course, major - for replacements only, see Table 400.4 for major expansions	100 down to 60 ft	200 down to 120 ft	300 down to 180 ft	100 down to 50 ft	100 down to 50 ft	100 down to 50 ft	79'	—
Water course, minor	50 down to 25 ft	100 down to 50 ft	150 down to 75 ft	50 down to 25 ft	50 down to 25 ft	50 down to 25 ft	—	—
Drainage ditches	25 down to 12 ft	50 down to 25 ft	75 down to 35 ft	25 down to 12 ft	25 down to 12 ft	25 down to 12 ft	—	—
Edge of fill extension -- Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	—	—
Slopes greater than 3:1	10 ft	18 ft	25 ft	N/A	N/A	N/A	—	—
No full basement (e.g. slab, frost wall, columns)	15 down to 7 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft	—	—
Full basement (below grade foundation)	20 down to 10 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft	—	—
Property lines	10 down to 5 ft [c]	18 down to 9 ft [c]	20 down to 10 ft [c]	10 down to 4 ft [c]	15 down to 7 ft [c]	20 down to 10 ft [c]	—	—
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft	—	—
OTHER								
1. Fill extension Grade - to 3:1								
2. _____								
3. _____								

Footnotes: [a.] Single-family well setbacks may be reduced as prescribed in Section 701.2.

[b.] This distance may be reduced to 25 feet, if the septic or holding tank is tested in the plumbing inspector's presence and shown to be watertight or of monolithic construction.

[c.] Additional setbacks may be needed to prevent fill material extensions from encroaching onto abutting property.

[d.] Additional setbacks may be required by local Shoreland zoning.

[e.] Natural Resource Protection Act requires a 25 feet setback, on slopes of less than 20%, from the edge of soil disturbance and 100 feet on slopes greater than 20%. See Chapter 15.

[f.] May not be any closer to neighbors well than the existing disposal field or septic tank unless written permission is granted by the neighbor. This setback may be reduced for single family houses with Department approval. See Section 702.3.

[g.] The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.

[h.] See Section 1402.10 for special procedures when these minimum setbacks cannot be achieved.

Will A. LaRy #319
 SITE EVALUATOR'S SIGNATURE

10-3-05
 DATE

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and () does () does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

SIGNATURE OF THE DEPARTMENT

DATE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, SHS 10
(207) 287-5672 Fax (207) 287-3165

PROPERTY LOCATION

City, Town, or Plantation	LAMMOINE
Street or Road	ROUTE 184
Subdivision, Lot #	

Date Permit Issued: 1/17/06

\$ 1112.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature

L.P.I. # 10111

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	HANN, ERIC	<input type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	P.O. BOX 574 SOMERSVILLE, CT 06072	
Daytime Tel. #	(860) 749-2321	

Municipal Tax Map # 13

Lot # 4

Owner or Applicant Statement

I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

Signature of Owner or Applicant: [Signature] Date: 12/14/05

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

(1st) Date Approved

Local Plumbing Inspector Signature

(2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION

- ☐ 1. First Time System
☐ 2. Replacement System
Type Replaced: _____
Year Installed: _____
☒ 3. Expanded System
 ☐ a. Minor Expansion
 ☐ b. Major Expansion
☐ 4. Experimental System
☐ 5. Seasonal Conversion

THIS APPLICATION REQUIRES

- ☐ 1. No Rule Variance
☐ 2. First Time System Variance
 ☐ a. Local Plumbing Inspector Approval
 ☐ b. State & Local Plumbing Inspector Approval
☒ 3. Replacement System Variance EXPANDED
 ☐ a. Local Plumbing Inspector Approval
 ☐ b. State & Local Plumbing Inspector Approval
☐ 4. Minimum Lot Size Variance
☐ 5. Seasonal Conversion Approval

DISPOSAL SYSTEM COMPONENTS

- ☒ 1. Complete Non-engineered System
☐ 2. Primitive System (graywater & alt. toilet)
☐ 3. Alternative Toilet, specify: _____
☐ 4. Non-engineered Treatment Tank (only)
☐ 5. Holding Tank, _____ gallons
☐ 6. Non-engineered Disposal Field (only)
☐ 7. Separated Laundry System
☐ 8. Complete Engineered System (2000 gpd or more)
☐ 9. Engineered Treatment Tank (only)
☐ 10. Engineered Disposal Field (only)
☐ 11. Pre-treatment, specify: _____
☐ 12. Miscellaneous Components

SIZE OF PROPERTY

6+ ☐ sq. ft.
 ☒ acres

DISPOSAL SYSTEM TO SERVE

- ☐ 1. Single Family Dwelling Unit, No. of bedrooms: _____
☐ 2. Multiple Family Dwelling, No. of Units: _____
☒ 3. Other: 4 BEDROOM BED & BREAKFAST RESIDENTIAL (specify)
Current Use: ☐ Seasonal ☒ Year Round ☐ Undeveloped

SHORELAND ZONING

☐ Yes ☒ No

TYPE OF WATER SUPPLY

- ☒ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private
☐ 4. Public ☐ 5. Other:

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- ☒ 1. Concrete
 ☐ a. Regular
 ☐ b. Low profile
☐ 2. Plastic
☐ 3. Other: _____
CAPACITY 1500 gallons

DISPOSAL FIELD TYPE & SIZE

- ☒ 1. Stone Bed ☐ 2. Stone Trench
☐ 3. Proprietary Device
 ☐ a. Cluster array ☐ c. Linear
 ☐ b. Regular load ☐ d. H-20 load
☐ 4. Other: _____
SIZE 2400 ☒ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT

- ☒ 1. No ☐ 2. Yes ☐ 3. Maybe
If Yes or Maybe, specify one below:
☐ a. Multi-compartment Tank
☐ b. _____ Tanks in Series
☐ c. Increase in Tank Capacity
☐ d. Filter on Tank Outlet

DESIGN FLOW

525 gallons per day

BASED ON:

- ☐ 1. Table 501.1 (dwelling unit(s))
☒ 2. Table 502.2 (other facilities)

SHOW CALCULATIONS

-- for other facilities --

- BED & BREAKFAST ESTABLISHMENT
w/ 1 BEDROOM 225 GPD
4 RENTAL ROOMS @ 75 GPD EA. 300 GPD
525 GPD
☐ 3. Section 503.0 (meter readings)
ATTACH WATER-METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN
B C 1
at Observation Hole # 1
Depth 15" (LIKE)
OF MOST LIMITING SOIL FACTOR

DISPOSAL FIELD SIZING

- ☐ 1. Small -- 2.0 sq. ft./gpd
☐ 2. Medium -- 2.6 sq. ft./gpd
☐ 3. Medium-Large -- 3.3 sq. ft./gpd
☒ 4. Large -- 4.1 sq. ft./gpd
☐ 5. Extra-Large -- 5.0 sq. ft./gpd

EFFLUENT/EJECTOR PUMP

- ☒ 1. Not Required
☐ 2. May Be Required
☐ 3. Required
Specify only for engineered systems:
DOSE: _____ gallons

SITE EVALUATOR STATEMENT

I certify that on 9-19-05 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Signature of Site Evaluator

319

SE #

10-3-05

Date

WILLIAM A. LABELLE, JR.

Site Evaluator Name Printed

(207) 537-5900

Telephone #

labelleseptice@rivah.net

E-mail Address

Page 1 of 3

HHE-200 Rev. 8/01

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-3105

Town, City, Plantation
LAMOINE

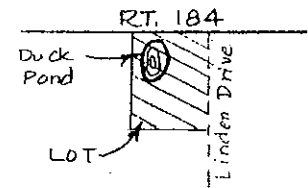
Street, Road Subdivision
ROUTE 184

Owner's Name
ERIC HANN

SITE PLAN

Scale 1" = 50 Ft.
or as shown

SITE LOCATION PLAN
(Map from Maine Atlas recommended)



NOTE:

EXISTING / PRIOR USE WAS A 3 BEDROOM HOUSE & 2 BEDROOM APT = 450 GPD
PROPOSED USE = 525 GPD LESS THAN 25% INCREASE = MINOR EXPANSION OUTSIDE THE SHORELAND ZONE.

(SEE ATTACHED SITE PLAN)

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole #1 ☒ Test Pit ☐ Boring
1/2 " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
SILTY CLAY LOAM			N.E.
LOAMY STONY	FRIABLE	OLIVE	
GRAVELLY (FILL)		BROWN	END OF GRASS ROOTS
STANDING WATER @ 20"			

Soil Classification 8 LIKE C
Profile Condition
Slope 2 %
Limiting Factor 15 "
☒ Ground Water
☐ Restrictive Layer
☐ Bedrock
☐ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring
1/2 " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
LOAMY		DARK BROWN	N.E.
SANDY GRAVELLY	FRIABLE	BROWN	
(FILL)	FIRM		STRUCTURE CHANGE (ROOT GROWTH ENDS)

Soil Classification 4 LIKE C
Profile Condition
Slope 2 %
Limiting Factor 15 "
☒ Ground Water
☐ Restrictive Layer
☐ Bedrock
☐ Pit Depth

Will G. Lary
Site Evaluator Signature

319
SE

10-3-05
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-3165

Town, City, Plantation

LAMOINE

Street, Road, Subdivision

ROUTE 184

Owner or Applicant Name

ERIC HANN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1"= 20 ft.

(SEE ATTACHED SUBSURFACE
WASTEWATER DISPOSAL PLAN)

BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 22"

Depth of Backfill (downslope) 30"-32"

DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -36"

Top of Distribution Pipe or Proprietary Device -49"

Bottom of Disposal Field -60"

ELEVATION REFERENCE POINT

Location & Description: NAIL 33" ABOVE
GROUND IN 8" DIA. APPLE TREE.

Reference Elevation is: 0.0"

DISPOSAL FIELD CROSS-SECTION

Scales:

Vertical: 1"= ft.

Horizontal: 1"= ft.

(SEE ATTACHED CROSS SECTION)

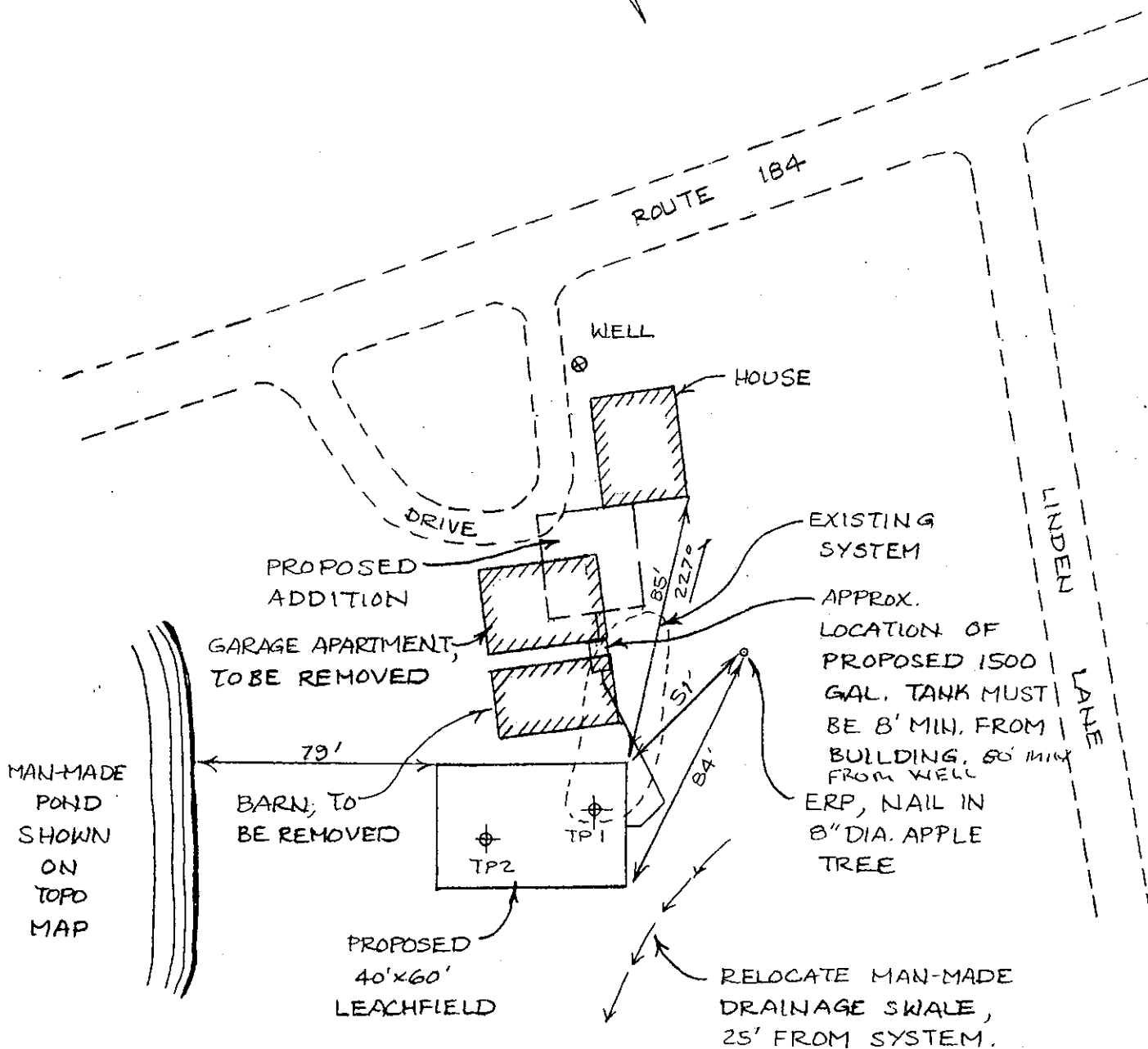
Willie A. LaRy
Site Evaluator Signature

319

10-3-05

SITE PLAN:
SCALE: 1" = 50'

ERIC HANN
LAMOINE
PAGE 2A



Will O Leary
SITE EVALUATOR'S SIGNATURE

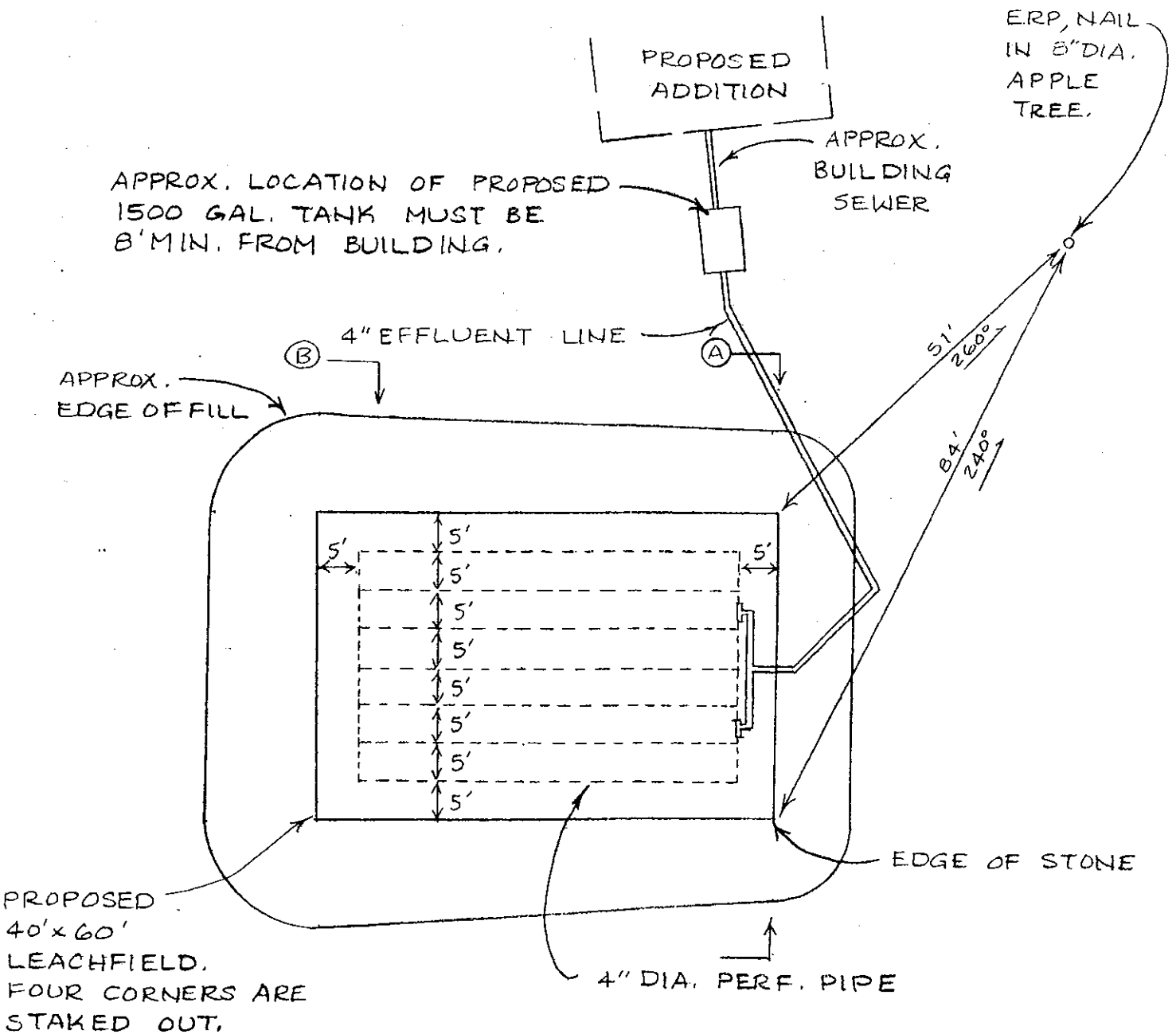
319
S.E.#

10-3-05
DATE

SUBSURFACE WASTEWATER DISPOSAL PLAN:

SCALE: 1" = 20'

ERIC HANN
LAMOINE
PAGE 2A



Will Q. 20 Ry

SITE EVALUATOR'S SIGNATURE

319

S.E.#

10-3-05

DATE

DISPOSAL BED CROSS SECTION

3 FT.
WIDE
BERM

40 FT.

SCALE: 1" = 5'

(A)

FILL MATERIAL SHALL BE 8"-12" THICK OVER STONE AND SHALL BE GRAVELLY COARSE SAND TO THE STANDARDS IN SEC. 804.0 IN THE SUBSURFACE RULES.

CROWN FINISH GRADE FROM CENTER AT 3% SLOPE

2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 805.3 RECOMMENDED OVER STONE.

4" PERF. PIPE, TYPICAL

3%

3%

31" FILL

15"

8"

22" FILL

(B)

12" CLEAN STONE, (1 1/2" DIA.)

BOTTOM OF STONE MUST BE LEVEL WITH MAXIMUM GRADE TOLERANCE OF 2" PER 100'.

ORIGINAL GRADE

REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER ENTIRE FILL AREA.

TOP 4" OF FILL TO BE A GOOD LOAM SOIL MIX TO ESTABLISH A GOOD VEGETATIVE COVER; SEED AND AND MULCH TO PREVENT EROSION.

FILL EXTENSIONS NO GREATER THAN 4:1, (25% SLOPE).

SYSTEM MUST BE INSTALLED ACCORDING TO THE RULES AND PRACTICES SET FORTH IN THE SUBSURFACE WASTEWATER RULES, IN EFFECT AT THIS TIME.

ELEVATIONS:

ELEV. REF. PT. (ERP):

FINISHED GRADE:

TOP OF DISTRIBUTION PIPE:

BOTTOM OF STONE:

0"
-36"
-49"
-60"

OWNER: ERIC HANN

LOCATION: LAHOINE

William A. LaBelle

WILLIAM A. LaBELLE

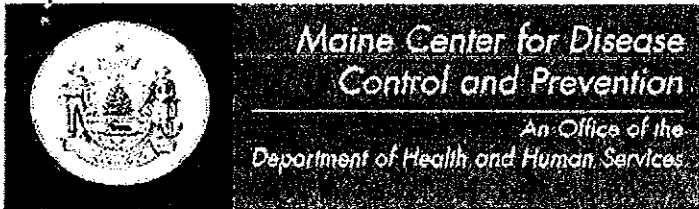
319

S.E.#

10-3-05

DATE

207-537-5900



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
Health and Environmental Testing Laboratory
221 State Street
= 12 State House Station
Augusta, Maine 04933-0012
Tel: (207) 287-1727; Fax: (207) 287-6832
TTY: 1-800-606-0215

SUSAN HANN
720 LAMOINE BEACH RD
LAMOINE ME 04605

Fax#:

5g
Water
Supply

Logged: 1/31/2012 11:49:00AM

Folder/ Invoice # H003174

Office Use Only:
Do Not Bill
WALK-IN
Private

Released: 2/2/2012

Case #:

Project Name:

No. of Samples in Folder: 1

H003174001 TGS

CERTIFICATION

The HETL hereby certifies that all test results for this sample were analyzed by approved and accredited methods and meet all preservation, preparation and holding times, unless otherwise noted.

Kenneth G. Pote, PhD., Director

Richard French, Quality Assurance Officer

If we can be of further assistance to you, Please Call us at 287-1716

Approved by:

Thomas Crosby

Thomas Crosby
Inorganics Supervisor/Chemist III

MAINE HEALTH AND ENVIRONMENTAL TESTING LABORATORY - Visit our Web Site at: <http://www.state.me.us/dhs/etl>
221 State Street, Station #12 Department of Human Services Augusta, Maine 04333 Tel. No. 207-287-1716 Fax. No. 207-287-6832

Continued from Previous Page

HETL Folder Number: H003174

HETL Sample Number: H003174001

Matrix: Potable Water

Description: 720 LAMOINE BEACH DW-H20

Sampler: ERIC HANN

Sample Date: 1/30/2012 Time: 11:15:00

Analyte	Result	Units	Qualifier	MCL
E. coli	<1	MPN/ 100ml		0
Coliform, Total	<1	MPN/ 100ml		0



Your water is considered satisfactory for all tests analyzed and listed above.

(Does not apply to unanalyzed or rejected samples - See results column and any comments)

The term 'Satisfactory' is based on the Maine Drinking Water Regulations, State Toxicologist's Guidelines and/or the Federal Safe Drinking Water Act

Continued from Previous Page

HETL Folder Number: H003174

Units & Measurement

"mg/L" = Milligrams per liter;

"ug/L" = Micrograms per Liter;

"mg/Kg" = Milligrams per Kilogram;

"ug/Kg" = Micrograms per Kilogram;

"PPM" = Parts per Million;

"NTU" = Nephelometric Turbidity Units;

All solid results on a "Dry Weight" basis

NC = Not confirmed NQ = Not Quantitated NA = Not Analyzed J = Approximately U = Undetected R = Rejected

RL-Reporting Limit, the lowest concentration which can be reliably reported on a routine basis

"<" = Less than ">" = Greater than

MCL - Maximum Contaminant Level, the highest level allowed by EPA for public water supplies. Also used here as the maximum advisory limit set by the Maine Centers for Disease Control and Prevention.

Note: Results below the advisory limit, including < and K are considered satisfactory for that parameter.

Disclaimer

Your report consists of the number of pages listed on the cover page. Any attachments after the last numbered page are for informational purposes only and not part of the formal report.

The results in this report are for the submitted sample(s) only.

This report shall not be reproduced, except in full, without written permission from the Maine Health and Environmental Testing Laboratory.

This is a simplified report that has been specifically requested by the submitter, and does not meet NELAC format requirements.

PAID

DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH & ENVIRONMENTAL TESTING LABORATORY DATE REC'D @ LAB
TEL: (207) 287-1716 FAX: (207) 287-1884

TEMP UPON ARRIVAL @ LAB

18°

[Signature]

SUSAN HANN
720 LAMOINE BEACH RD

PM-13

() NAME AND ADDRESS (IF NOT ON LABEL)
() CHANGE OF NAME OR ADDRESS

LAMOINE, ME 04605

Kit # 198687

TGS

H003174

NAME: _____

STREET: _____

TOWN: _____

ZIP CODE: _____

PHONE (EVE): _____

FAX: _____



WALK-IN

This kit expires on 1/22/2013

PHONE (DAY): 207-610-1691

☒ PLEASE CHECK HERE IF YOU WOULD LIKE A SIMPLIFIED FINAL REPORT

Date Collected: 1/30/2012

Sampler name: ERIC HANN

Time Collected: 11:15

☒ A.M. or P.M. (circle one)

Test Address: 720 LAMOINE BEACH City: LAMOINE Zip: 04605

Chlorine Treatment: () None () Bleach () Chlorinator ☒ Other

Location: (Kitchen faucet, Outside Spigot, Pressure Tank, etc...) KITCHEN FAUCET

Sample Source: (Circle one) Drilled Well, Dug Well, Spring, Lake, Other

Comments: _____

COLLECTION PROCEDURE

Whenever possible, collect the sample from a faucet. It is difficult to obtain a satisfactory sample directly from the well or spring or from a hand pump. If the faucet is equipped with a strainer or aerator, remove before collecting sample. Allow water to run 5 minutes to clear pipes. All bottles must be filled to the shoulder and filled from the same sample point. Do not rinse out bottles.

Fill in all requested information above especially the date and time collected. Without the sample date and time we will have to reject your sample(s) and mail you a replacement kit.

We must receive your sample within 30 hours of collection. DO NOT COLLECT AND MAIL YOUR SAMPLE ON A FRIDAY OR SATURDAY OR THE DAY BEFORE OR ON A HOLIDAY. Lists of State holidays are on the back of this form.

See back for additional instructions and when to expect laboratory results

Revised JULY 2011

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